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MEDICAL NEWS.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Dislocation of the Humerus into the Axilla, occurring while Swimming.—John Mowlan, mate of a ship lying in the West India Docks, came to the Poplar Hospital, October 14, 1857, complaining of cramp in his arm. He stated that, having jumped off a plank too feet from the surface into the water, which he entered feet first, he immediately began swimming, and had struck out three or four times, when he felt his right arm suddenly give way, become painful and motionless, and that he would then have been drowned, had it not been for a piece of timber which he seized with his other hand. On examination of the arm, Mr. Brownfield, the House-Surgeon, found that he was suffering from a dislocation of the humerus into the axilla, which was immediately reduced. He was in good health, muscular, 38 years of age, and had never been the subject of dislocation before.

Mr. Brownfield has sent us the above note of this interesting case for publication. It would be instructive to know if others have met with the occurrence of the dislocation under similar circumstances.—*Med. Times and Gaz.*, Oct. 24, 1857.

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Dislocation of the head of the Femur on the Pubis during the act of Swimming.—C. W——, aged seventeen, a sailor, while swimming in the Serpentine, and in the act of "striking out," felt a catch in the right groin, which he thought was the cramp. He immediately made for shore. On landing, he found that he limped in his gait. He could walk a little the next day, but on the following day he was unable to walk, feeling his knee, as it were, drawn up. He was admitted into St. Mary's Hospital, under the care of Mr. Ure. He complained of great pain at the upper and inner part of the right thigh, aggravated on any attempt to move the limb; there was a fulness in the above situation. He also complained of

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pain referred to the outer side of the knee. Soothing means were employed to relieve the pain. Mr. Ure, after a careful examination, ascertained there was dislocation of the hip-joint forwards, upon the pubis. The least pressure on the ilio-pubal region gave great pain. The right buttock was flattened; there was a notable depression in the situation of the trochanter, instead of the usual prominence; the limb was shortened; the thigh and leg were both in a state of extension, the knee and foot rather everted.

On the 27th of August, after the patient was rendered insensible by chloroform, Mr. Ure flexed the thigh towards the pelvis, and then rotated it outwards, in doing which he felt a distant snap. The luxation was thus reduced, and the limb restored to its normal condition. To keep the joint quiet, a long splint was directed to be applied along the outer side of the limb.

Aug. 28th.—The patient had been free from all pain since five P.M. yesterday, and had continued perfectly comfortable up to September 3d.

The displacement was obviously due to the circumstance of the body being suddenly thrown backwards while the limb was on the full stretch during the act of "striking out." The pain was, no doubt, caused by the strain of the crural nerve, which lies over the neck of the bone. The shortening of the limb was owing to the elevated position of the head of the femur; the eversion, to the drawing action of the quadratus, obturator internus, &c., muscles. In this variety of dislocation, the head of the bone will be found either to have raised up the ilio-psoas muscles, or lodged behind the blood vessels. The round ligament, according Hyrtl, is torn.

The patient left the hospital quite well in the first week of October.—*Lancet*, Nov. 7, 1857.

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Excision of the Elbow Joint eighteen years ago.—Some of the most instructive cases we meet with in the hospitals are those in which patients who have had operations performed long ago again present themselves. The other day Mr. Cock operated again upon a man whose elbow had been excised eighteen years ago by the late Mr. Key, on account of strumous disease. The man, who is now aged 45, and in good health, stated that he had enjoyed throughout the whole interval and until quite lately very excellent use of the limb. He had been employed as a letter-sorter. The motion had never been free, and latterly he had been attempting to work with it in a new position, and one which gave pain. As the result of this an abscess had formed, and there was now evidence of the existence of diseased bone. Mr. Cock removed some small necrosed fragments from the end of the humerus, and cut away others with the bone forceps. There is every prospect that the part will heal soundly, and that the triumph of conservative surgery will thus be further prolonged.—*Med. Times and Gaz.*, Oct. 24, 1857.

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Injurious Effects of Caustics in Cancer of the Tongue.—A case of an extremely painful nature, of cancer of the tongue, came under our notice on the 26th of May, at the Cancer Hospital, in a poor woman, aged forty-two years, from Camdentown. It had not been of long existence, and some short time back the disease was not bigger than the point of her finger, in the form of a tubercle. She was at this time seen by Mr. Lawrence, of St. Bartholomew's, who advised its removal. She, however, would not consent, but became a patient under Dr. Fell's care, and continued under him three months. During this time, he applied caustics to her tongue, generally about nine in the morning, and they were retained on till five in the afternoon, during which time she went without food. She suffered most horrible pain, and, to use the poor woman's own words, "the pain was so intense, that for three hours she could not see." Whilst under this treatment, the cancer increased to six times its former size, and now presents a deeply ulcerated and indurated surface at the right side of the organ, with much swelling and pain. She looks completely worn out from previous suffering. The first thing attended to at the Cancer Hospital in such a case, is to improve the general health by tonics and good diet, and accordingly cinchona and hydrochloric acid were ordered internally, with the use of a lotion of biborate of soda, half an ounce to the pint of water, and the local application of sulphate of copper. Dr. Marsden has found sulphate of copper and borax the only two substances of actual service in cancer of the tongue, and the moment their use is discontinued, the disease progresses.—*Lancet*, June 6, 1857.

Duration of Cancer.—A case of some interest presented itself at the Cancer Hospital on the 25th of August, in the person of a female, aged seventy four years, the subject of cancer of the left breast for twelve years. She had been a patient at this hospital since its foundation, with the exception of the last three years, during which time she had been in good health. She came to show an ulcerated tuberculous mass in the same breast, the size of a small pear; otherwise the disease had dried up and disappeared. She still looked a hale and hearty old woman.—*Lancet*, Sept. 5, 1857.

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Cancer in a Woman eighty years of age.—We saw, on the 6th of October, a woman, eighty years of age, at the Cancer Hospital, with well-marked scirrhus of the left breast, which appeared about a year ago. Notwithstanding her great age, she had the blooming, healthy cheeks of a country girl of eighteen; her general health was perfect, and under the use of tonic remedies, and soap-and-lead plaster spread on leather, with a little camphor, the cancer has diminished in size, and its progress is completely arrested for the present. This is by no means an exceptional case of the arrest of the progress of cancer at this hospital; for we have observed several in whom the disease has been kept stationary for years, with no other inconvenience than the presence of the tumour in the breast, and the knowledge on the part of the patient that it was still there. The soap-and-lead plaster is one of the principal agents in effecting this desirable object; the lead appears to possess some peculiar sedative influence on the disease.—*Lancet*, Oct. 24, 1857.

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Extreme Suffering from the Application of Caustics.—On the 3d of November, we were present at the Cancer Hospital when a woman presented herself for the first time for advice about a cancerous right breast, much enlarged and indurated, with a large excavated ulcer, discharging most offensively; with pain agonizing in the extreme. She looked worn out and exhausted from suffering, her countenance was wan, thin, and pale, and she was suffering from pain in the left as well as the right breast. Her name and address, which she had no objection to make publicly known, is Margaret Smith, residing at 1 James Street, Larkhall Lane, Vauxhall. Her age is forty-seven, and she has had cancer of the breast between eight and nine years. The tale, as related by herself, was to the effect that she had recently been a patient in the Middlesex Hospital, under the care of Dr. Fell, for her diseased breast. Whilst there, a powder was blown into the ulcer, which caused *dreadful pain*, and almost took her senses away. She nearly lost the use, she states, of the entire side from this powder, and it has affected her senses of smell, taste and hearing. The discharge becoming very offensive, a lotion was applied, without either correcting it or removing the pain; and thirdly, an ointment was applied, which she further observed "made her ten times worse." She thinks she was made a great deal worse—much worse than before she went into the hospital. She was in this hospital three months, suffering, as she herself describes, great torture.

This patient, we will observe, is only one example of a number who similarly complain, several of whom have become patients at this hospital, and whose cases we have referred to on two or three previous occasions.

The treatment adopted in such a case as this is of the most strengthening and generous character in regard to diet and regimen, so far as the constitutional powers will admit. Tonic remedies of dilute hydrochloric acid, conjoined with bark, and a little opium (although the latter is seldom used here), are administered almost as a rule; and lastly, and not the least important, a well-made carrot poultice is applied three times a day. —*Lancet*, Nov. 14, 1857.

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Large Tumour of the Axilla.—A very remarkable example of an axillary tumour was presented to the notice of the pupils at King's College Hospital on November 7th, and which was submitted to an operation for removal by Mr. Fergusson. The patient was an elderly woman, the mother of several children, and at the present moment about six months *enceinte*. She became an inmate of the hospital about a week ago, when, on careful examination and attention to her history, Mr. Fergusson advised removal of the growth. It appears that she first noticed a nodule near the axilla six years ago, which slowly increased in size till up to six months ago, when its growth became somewhat rapid, so that a tumour the size of a cocoa-nut had now formed, which extended into

the axilla, forwards under the great pectoral muscle, and downwards and forwards towards the left breast. This last position gave it the appearsnce at first as if springing from the mammary gland; but a careful examination showed that it was a distinct mass, although in close proximity to it. Although the patient was in a pregnant condition, it was deemed best to remove it at once from the rapidity of its growth, and accordingly this was accomplished while she was under the influence of chloroform, administered by Dr. Snow. In commencing the operation, a large transverse incision was made over the tumor—the skin covering which was mottled with enlarged veins—cutting through the fibres of the pectoralis major muscle. This, however, was not found sufficient, and the fibres of the lesser pectoral were divided. The greater part of the tumour was detached with the fingers; but a projecting lobe extended upwards under and behind the clavicle, which was removed by the finger. At this point some care was requisite as Mr. Fergusson had immediately in front of his finger the subclavian artery and vein, and some large branches of nerves, and in the short space of four inches the course of the bloodvessels was exposed, the slightest wound of which would have caused some trouble to stop, as well as the risk of air entering the vein in such a situation. An artery was divided at the back part of the tumour, together with a nerve, which was believed to be the subscapular; it was the only vessel that required tying. Although the tumour was soft and friable, every portion of it was removed, and the wound was closed by stitches. In character it seemed to be fibro-plastic in a state of softening, and certainly resembled in many respects, as Mr. Fergusson remarked, tumours in the region of the parotid. Our hope is that it may not be malignant, and cause future trouble. In some parts of it there had evidently been effusions of blood.

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Prolapsus of the Uterus and Bladder.—On Saturday, the 22d Aug., a poor woman, whose uterus, bladder, and vagina were prolapsed between the legs, and hung down the size of a large cocoa-nut, was submitted to operative measures by Mr. Fergusson, at King's College Hospital. She had been a great sufferer for years, without getting any relief, the last three especially. He diminished the size of the external outlet by taking up a pinch of mucous membrane on the left side with a pair of forceps, dissecting it downwards with a scalpel to the fourchette, and up again on the right side, as we have seen him do several times. Interrupted sutures were applied, to bring the denuded surfaces together, by means of a common curved needle and thread, instead of the quill sutures applied with a needle fixed into a handle.

On the 4th of July, Mr. Fergusson also operated in a similar manner upon an unmarried female with procidentia. He observed on that occasion, in relation to that particular case, that her condition was somewhat unusual as occurring in an unmarried woman. In most respects, the operation, he said, was analogous to several which had been performed in the hospital. The womb, in this case, however, lay very low down, and the mucous membrane of the vagina was more than usually abundant. This is the fifth case of the kind we have had lately, he observed, and all the previous ones have made good recoveries. "You will observe that in this instance I have confined myself to the common interrupted suture, instead of the quill. I believe that this suture is quite as efficacious as the quill suture. In the last operation, you will remember, I employed two quill sutures and one interrupted, and as everything turned out favourably, I have this time used all stitches. In course of time, the parts lose their tense condition, the perineum becoming modified by the stretching it undergoes. However, my friend Mr. Baker Brown, of St. Mary's, has suggested that I am in the habit of closing the parts too extensively, and that it is advantageous for certain purposes to which these parts are applied by women not too far advanced in life that this should be kept in view. The previous cases will, of course, remain as they are, but acting upon the hint, I have, accordingly, in this operation, borne the suggestion in mind."

The operation of this day week has made the eighth done by Mr. Fergusson within a few months, and the seven previous have turned out well. It is one now becoming of a very common character.—*Lancet*, Aug. 29, 1857.

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Extirpation of the Eyeball.—The removal of an affected eyeball is now commonly practised to relieve the sympathetic disease commencing in the other eye, and has been

found in a great number of instances to be followed by the best results. This is the rule with Mr. Bowman, Mr. Critchett, and others, at the Ophthalmic Hospital in Moorfields.

Mr. Coote, at St. Bartholomew's Hospital, on the 26th of September, removed the eyeball of a man under such circumstances, whose history was a peculiar one. He served as a soldier in Scinde in 1843, and received a blow over his right eye with the butt-end of a musket, which dislocated the lens, and produced a traumatic or soft cataract. A surgeon operated on the eye, and acute inflammation ensued, with loss of sight for some years. The whole of the pupil was occupied by a layer of capsule. In the course of time the opposite eye became affected, and he complained of flashes of light in that eye; and as there seemed to be great danger of losing the sight of his sound eye, Mr. Coote thought he would remove the globe of the useless one, which he did on the 29th of September, under the influence of chloroform, by cutting through the conjunctiva with scissors, then the tendons of the muscles of the globe, and lastly the optic nerve. A section of the globe showed an effusion behind the retina, which was pushed as far forwards as the pupil. He observed that it was suggested to him to shave the anterior part of the eye off, and allow the globe to collapse, but he preferred complete extirpation.

We saw this man again on the 10th of October, and the improvement in the sight of the remaining eye was wonderfully restored. With this eye, from sympathy, on admission, he could distinguish nothing, and had constant flashes of light and black specks before him, and could not recognize anybody. Now the cornea is quite clear; he cannot only see well, but can read tolerably; there is still a faint redness before him. This case is a good illustration of the value of the practice adopted. On the 17th we found his sight still more improved.—*Lancet*, Oct. 24, 1857.

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Stimulant Treatment in Acute Pericarditis.—The following case, recently discharged from King's College Hospital, will furnish a good example of Dr. Todd's usual plan of treatment in the inflammations of acute rheumatism:—

A cachectic, pallid girl, of nervous temperament, was admitted on account of a mild attack of acute rheumatism. It was the first she had had. Alkalies were ordered, according to the usual plan, namely, fifteen grains of the bicarbonate, and five of the nitrate of potash, every four hours. On the third day a well-marked pericardial friction-sound was heard. Opium in grain-doses every four hours was now added to the alkaline treatment, and eight ounces of brandy daily were allowed. The symptoms of pericarditis rapidly became very severe. She had great pain; much dyspnœa; pulse 140; respirations often 60 in the minute. A week later pneumonia of the right lung set in. The brandy was now increased up to ℥xij, and ultimately to ℥xv, and in place of the alkaline mixture one containing ammonia and chloric ether was given. Two days later pneumonia of the left lung showed itself. On the left side the pneumonia became very extensive. Throughout this the friction-sound was heard over the entire heart, and was very loud. No head symptoms showed themselves. There had been in the outset a suspicion of an endocardial bruit, but if it existed it became so masked by the pericardial rubbing that it could not be detected, and had ceased before the latter disappeared. The patient, when the turn was once taken, made a rapid recovery. The pneumonic dulness entirely disappeared, and she left the Hospital to all appearance quite well at the end of a month. During a week of the worst, her life had been in great and hourly peril. Throughout no remedies of an antiphlogistic class had been given, no leeches used, no blisters employed. The only form of counter-irritant applied was turpentine stupes, which, on the supervention of the pneumonia, were freely used. Our readers will, probably, agree with us in considering the above an example of very bold consistency. Dr. Todd is, perhaps, the most thorough-going of the revived Brunonian school connected with our London Hospitals. With regard to rheumatism in particular, we believe that he does not claim for the stimulant treatment any power of cutting short the inflammations, but that it prevents the patient from sinking under them, and enables him to convalesce much more rapidly than if depletion had been adopted. We have quoted the case as a fair illustration of the practice of one of our leading consulting men, a most sagacious physician, and an accomplished physiologist. We do not venture to express either approval

of its teaching, or dissent therefrom. The adoption of such practice by such a man does, however, prove one fact, which will be useful to the future historian of disease, viz., that during the middle of the nineteenth century diseases of acute inflammatory nature bore with impunity a treatment consisting of the most vigorous stimulation. Should, as there appears good reason to anticipate, the revolving cycle bring us in another quarter of a century to an opposite state of things, this fact will not be without its value.—*Med. Times and Gaz.*, Aug. 29, 1857.

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Treatment of Acute Rheumatism.—We believe we may safely write it, that the opinions of London physicians are rapidly coming into general concurrence in the rule, that the treatment of acute rheumatism should be by one or other of the salts of potash. Dr. Barlow remarked the other day to his class that he had lately been trying the bicarbonate, so strongly recommended by Dr. Fuller, but that he found it, as a rule, less efficient than the acetate, his former favourite. He felt no doubt, however, that both were useful. Especially in the most acute class did he prefer the acetate and nitrate to the bicarbonate. Very probably there may be varieties of the rheumatic diathesis, in which one or the other salt is more useful than its congener, the base, potash, being the ingredient essential to all. A combination which we have ourselves got into the habit of prescribing is, of the nitrate eight grains, of the bitartrate fifteen grains, and of the acetate a scruple, given well diluted, in a single dose every four hours.—*Ibid.*

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Senega in Cases of Heart Disease.—Dr. Barlow remarked the other day to his class at Guy's respecting the usefulness of senega in chronic bronchitis, that he had noticed it to be of especial benefit in those cases in which the pulmonary affection was complicated by aortic valvular disease. It had come to be a clinical rule with him in all cases in which the pulse indicated regurgitation to order this remedy, and he always found that it acted with much greater efficiency than in instances of simple bronchitis. The formula ordered was an ounce of the decoction of senega with half a drachm of nitric ether every four hours.—*Med. Times and Gaz.*, May 2, 1857.

Clinical Lecture on Incomplete Paralysis of the Lower Extremities, connected with Disease of the Urinary Organs. By T. Spencer Wells, F.R.C.S., Lecturer on Surgery at the Grosvenor-Place School of Anatomy and Medicine..

Gentlemen: I wish to direct your attention to-day to a very important affection associated with disease of the urinary organs. I allude to an incomplete paralysis of the lower extremities—a form of incipient, or rather imperfect, paraplegia—which is by no means uncommon, and which I believe to be increasing very much, especially among the younger men of our day. I say I *believe* it to be increasing, but this is a point it would be very difficult to prove. There are many diseases which some believe to be more frequent now than heretofore, which are in all probability only more frequent because we have so lately learned to recognize them—such as pericarditis and endocarditis, Bright's disease, and pyæmia. Again, some men are apt to think a given disease on the increase because they happen to have a run of similar cases, either from pure accident or from one patient introducing another. I have endeavoured to guard against these sources of fallacy. I have read a great deal that has been written on paraplegia. I have compared notes with many men in large practice, and I have come to the conclusion that the form of paraplegia I am about to describe is more common than it used to be, and that it is increasing among us.

My attention was first directed to this disease in 1845. Since then I have had eleven cases under treatment, and have seen occasionally about thirty others. Some of the latter were very probably ordinary cases of paraplegia depending upon softening, atrophy, or some other disease of the lower portion of the spinal cord. This disease will be fully described to you by my colleague who occupies the medical chair; but in the cases I allude to the paralysis is not dependent on spinal disease, and it is closely associated with diseases of the bladder, of the kidney, or of both. And here let me at once guard you against another source of fallacy. In all cases of paraplegia from injury or disease of the spine the bladder participates in the debility, and after a time it empties itself imperfectly—a little urine remains behind every time that urine is discharged—the mucous membrane of the

bladder falls into a state of chronic irritation and viscid mucus or muco-purulent matter is thrown off from its surface. This acts as a ferment in the urine, leading to the decomposition of some of the urea it contains, and the evolution of carbonate of ammonia by the very simple chemical change I explained to you in former lecture. Here the urinary disease is merely secondary. It is only one of the effects of spinal disease. In the cases I allude to the urinary affection is the first noticeable point of departure from the state of health. If not actually the primary disease, it by no means plays the secondary part of the urinary affection in ordinary cases of paraplegia.

When a patient comes to you with a tottering gait, complaining of weakness in the knees, a tendency to stumble in going up and down stairs or on any uneven ground, and a certain loss of that muscular sense which enables us to walk without watching the feet to know where to place them at every step, your first impression will be, very naturally, that you have to deal with a case of spinal disease. Your first impression may be correct. As you proceed with your examination of the case you may obtain evidence of some injury to the spine, some distortion of the bones, some displacement from caries of the bodies of the vertebræ or ulceration of the intervertebral cartilages, some point at which pressure or a sharp tap, or a hot sponge, causes pain—some history of inflammation of the cord—some indication of the pressure of a tumour, or of an aneurism on the cord—or possibly some proof that the disease is within the cranium. But you may find nothing of the kind. You have to exclude all these, and you are driven to assume a diseased condition of the lower portion of the cord, perhaps a simple atrophy, of the existence of which you have no other proof than the paraplegic symptoms I have just enumerated. Let me convince you then that you may have all these symptoms, that they may go on to complete paraplegia, and the patient may die, and that then you may find the cord perfectly healthy, so far as our examination can teach us, while the kidneys and bladder are the seat of manifest disease.

Rayer, in his great work on the diseases of the kidneys (vol. iii. p. 168), says: "The development of paralysis after diseases of the urinary passage is even now a fact unknown to a great many physicians." I think the observation would apply to many English as well as French physicians, though Mr. Stanley published accounts of several cases of paralysis following nephritis so long ago as 1833, in the 18th vol. of the *Medico-Chirurgical Transactions*. His paper is entitled, "On Irritation of the Spinal Cord and its Nerves, in connection with Disease of the Kidneys." He narrates cases of disease in the kidneys existing in connection with tenderness of the spine and paralysis of the lower limbs, which were, in consequence, treated as cases of disease in the fibro-cartilages and bodies of the vertebræ. I will read you four of these cases in Mr. Stanley's own words:—

"The first of these cases to which my attention was directed occurred in the year 1818, in a man admitted into St. Bartholomew's Hospital on account of paraplegia combined with retention of urine. Both sensation and the power of motion were entirely lost in the lower limbs. On examining the spine, tenderness on pressure was discovered at the third lumbar vertebra, which, viewed in connection with the other symptoms, was considered to indicate the existence of disease in the vertebræ, and an issue was accordingly made in this part of the spine. Considerable amendment of the symptoms followed. Sensation and the power of motion were in a certain degree regained, and the retention became changed into incontinence of urine. Here the improvement ceased, the general health failed, and he gradually sunk.

"On a careful examination of the body, no disease could be discovered in the containing or contained parts of the vertebral column; the vertebræ, fibro-cartilages, spinal cord, and nerves were all perfectly sound, as were also the brain and its membranes. In one kidney were numerous small abscesses dispersed through its substance. The other kidney was gorged with blood, and its substance was much softer than natural. The mucous lining of the ureters and of the bladder was very vascular, and the muscular coat of the bladder was thickened.

"The next case occurred in 1821, in a man aged 35, admitted into the hospital on account of partial loss of the power of motion both in his upper and lower limbs, which had commenced about a month previously, and was supposed to originate in disease of the cervical vertebræ. He suffered besides

from irritation in the bladder with occasional inability to expel the urine, which was mixed with some puriform fluid. In about six weeks from his admission, his health gradually declining, he died.

"On examining the body, both kidneys were found gorged with blood. In the substance of one kidney there were small depositions of pus. The muscular coat of the bladder was thickened, and its mucous coat very vascular. No morbid appearance was discovered in the brain or spinal cord. The vertebræ and their fibro-cartilages were perfectly healthy.

"For the particulars of the following case I am indebted to an intelligent friend, Mr. Henry Hunt, of Dartmouth.

"A gentleman, aged 28, fell upon his back and bruised it, from which, however, he recovered in a few days. Some weeks afterwards, when very hot from violent exercise, he was suddenly chilled by exposure to a current of cold air. During the following night he was seized with severe pain in his loins, which was to a certain extent relieved, and principally by abstracting blood from the part. With the continuance of pain in the back, he began to lose feeling and the power of motion in his lower limbs. The pain in the back was increased by pressure, but was not influenced by the application of a hot sponge. He gradually lost almost all power of moving and feeling in his limbs, with the ability to retain his urine, and in this condition he died.

"On examination of the body, one kidney was found to consist of a mere sac distended with pus, and in the other kidney were several small abscesses. There was no disease in the spine or in any other part of the body.

"I next mention the brief particulars of a case which was furnished me by the late Mr. Horwood, of Gosport, whose life was destroyed by cholera whilst he was engaged in the zealous performance of his professional duties.

"The patient having suffered a fall upon his back, which was followed by paralysis of the lower limbs, his complaint was, in consequence, considered to be disease of the spine, and the appropriate treatment was adopted and continued to the time of his death.

"The appearances on dissection were, abscesses in both kidneys, thickening of the coats of the bladder with enlargement of the prostate gland. The thoracic and abdominal viscera were healthy. The brain and spinal cord were healthy, excepting an unusual vascularity in the membranes of the latter below the first lumbar vertebra. There had not been the slightest suspicion of disease in the kidney, the pain in the back having been wholly referred to the disease which was supposed to exist in the spine."

It is very possible that in some of these cases the urinary disease was secondary, and that there may have been some unobserved softening of the spinal cord, but they nevertheless have great interest in connection with this subject.

In a fifth case paralysis of the lower limbs, at first partial, afterwards complete, loss of the expulsive power of the bladder, paralysis of the sphincter ani, severe pain at the fifth lumbar vertebra and fever followed a severe gonorrhœa, and proved fatal in about a fortnight. Here no morbid appearance was found in any part of the spinal cord, while minute deposits of pus were found in the kidneys, and the mucous membrane of the bladder was very vascular and partly covered by coagulable lymph. In a sixth case a sudden attack of paraplegia followed a gonorrhœa, and the post-mortem appearances were very similar to the last case. Mr. Stanley then states that Mr. Hunt, of Dartmouth, had attended four cases of disease of the kidneys, in which the symptoms simulated those of inflammation of the vertebræ; and Mr. Hunt alludes to cases of disordered uterus, "combined with loss of power in the lower limbs in such a degree that the patients were wholly confined to their beds;" adding that "by the subsequent and perfect recovery of some of these patients it was clearly proved there had been no change of structure in the parts to which the symptoms referred, as the source of irritation." At some other time I may, perhaps, say more about paraplegia in women depending on uterine affection. At present I will only remark incidentally that such paralysis during pregnancy may be explained by pressure on the sacral plexus, while at other times after the blood has been drained from the body through the uterus it results from a deficient supply of blood to the cord. In some cases it has been observed after sudden suppression of the catamenial or lochial discharge; and it has been proved that then the cord and its membranes have

been congested. But more frequently than all these, it may be only one of the manifestations of hysteria. I only allude to these cases now to show you that neither in the male nor in the female must you assume the existence of spinal disease from the mere occurrence of paraplegia.

In Cruveilhier's *Pathological Anatomy* you may find a full report of the case of Sanson, a celebrated French surgeon. He died in 1841, after having suffered for more than a year from paraplegia. For several years before the attack of paraplegia he had suffered from enlarged prostate, difficulty in passing water, and then a calculus. Cruveilhier says: "M. Rayer and I could not understand the importance of the coincidence of a disease of the urinary passages and the paraplegia, a coincidence to which Mr. Stanley was one of the first to direct especial attention." Chomel, Rayer, and Cruveilhier were present at the post-mortem. Extensive disease of the urinary organs was observed, but the vertebræ and spinal cord were perfectly healthy.

Lallemand, in his work on involuntary seminal emissions, has recorded many cases in which the patients were feeble or vacillating in their limbs, and afterwards subjects of incomplete paralysis of the lower extremities. I do not question for a moment that paraplegia is a common result of frequent seminal emissions, voluntary or involuntary; indeed, it is undeniable that the frequent agitation of the nervous system, so caused, does lead to chronic inflammation and softening of the cord, with paraplegia, as a necessary consequence. But any one who will read Lallemand's cases carefully will see that, in several of them, the paralysis was consecutive, not to disease of the genital, but of the urinary organs, such as chronic affections of the prostate, and subsequent nephritis or pyelitis.

In Dr. Neligan's edition of Graves's *Clinical Lectures* you will find a case in which chronic gonorrhœa, exposure to cold, and drinking whiskey was followed by pain in the back, dysuria, and paraplegia. A stricture was found in the urethra, which was dilated; and Dr. Graves says, that a few days after the introduction of the first catheter power returned to the lower extremities in a remarkable manner. The patient left the hospital in little more than a month, having recovered complete use of his limbs, and passing his water perfectly well.

Last year Dr. Raoul Leroy d'Etiolles published a work on Paraplegia, in which he records a great number of cases he has collected in the hospitals of Paris, or has observed in private practice, proving beyond dispute the very frequent occurrence of gonorrhœa, cystitis, enlargement of the prostate, retention of urine, and nephritis, as antecedents of paraplegia—a recovery of power in the limbs as the condition of the urinary organs improved—and in fatal cases, all the appearances of severe inflammation of these organs, while the brain, cord, and vertebræ were perfectly healthy. Many of his cases are extremely interesting; but time does not permit me to enter into their details. I trust, however, I have said enough to convince you that, while on the one hand disease of the urinary organs is constantly caused by paraplegia, so on the other paraplegia is frequently consecutive to disease of the urinary organs.

The next steps in the inquiry are, What is the nature of the urinary affection? and, How does it lead to paraplegia?

Now, in attempting to reply to the first question, I can say very little from my own observation, as I have not had an opportunity of making a post-mortem examination. But you will remember the state of the urinary organs described by Mr. Stanley in his cases. In these, and in many of the cases narrated by M. Leroy d'Etiolles, either one or both kidneys presented very evident signs of disease. In the acute cases there were all the marks of severe inflammation, with the formation of numerous small abscesses in the substance of the kidney. In more chronic cases the mucous membrane of the ureters, and of the pelvis and calices of the kidney, have been principally affected. It has been found soft and thick, coloured by injection in various degrees, and distended by purulent matter. The bladder has been found in every stage of disease, from simple injection of the mucous membrane to ulceration and perforation on the one hand, or hypertrophy and thickening on the other. The prostate has been found diseased very frequently, sometimes simply enlarged, and then the enlargement was mostly due to hypertrophy of one of the lateral lobes; or there has been that sort of transverse valve formed by the central portion, which we so frequently find as offering obstruction to the passage of a catheter. In some cases it was found full

of pus, or small multiple abscesses were disseminated through its tissue. Sometimes the traces of an instrument which had traversed the gland were seen. Nothing very important was found in the urethra; but several patients had had strictures dilated during life.

Then, as to the next point. How can all this cause paraplegia? Here I must remind you of the anatomical connections and physiological relations between the spinal cord and the great sympathetic nerve. You know that the vertebral portion of the sympathetic consists of a number of ganglia, united together by branches which pass from each ganglion to the one above and the one below it. There are twelve of these dorsal ganglia, four lumbar, and four or five sacral; and every one of them communicates with the corresponding spinal nerve. Some anatomists have even fancied that they have demonstrated the *origin* of the sympathetic to be in the spinal marrow. You know that the urinary organs are largely supplied with branches of the sympathetic. Here, then, is a direct path of nervous communication between the kidneys and bladder and the spinal cord. It is by this communication that the well known influence of the spinal marrow upon the secretion of urine has been explained. Injuries of the vertebræ, concussions or compressions of the cord, and inflammation of the cord or its membranes, are all followed by the secretion of alkaline urine, or the development of ammonia in the bladder, while the bladder itself is more or less paralyzed. The ready explanation has been that the sympathetic nerves supplying the kidneys and bladder did not receive their normal influence from the spinal cord through the spinal nerves. You may say we know all this, but what has it to do with the opposite action of the urinary organs upon the spinal marrow? Hear what Mr. Stanley said on this point before we heard much of Prochaska, Marshall Hall, and the reflex function of the cord.

"It might be thought improbable that irritation commencing in the kidney or in the bladder should be propagated through sentient nerves to the spinal cord, and that the impression should thence be transmitted through both the motive and sentient spinal nerves to the limbs, here occasioning an impairment both of sensation and of the power of motion. Some illustration of this subject seems to be furnished by the following researches of experimental physiology. If in an animal, 'a few seconds after it has been deprived of life, the spinal cord be then divided in the middle of the neck, and again divided in the middle of the back, upon irritating a sentient organ connected with either isolated segment, muscular action is produced, that is to say, a sentient organ is excited, and an irritation is propagated through the sentient nerve to the isolated segment of the spinal marrow where it gives rise to some change which is followed by an impulse along the voluntary nerves to the muscles of the part.* In the instances which have been adduced, irritation commencing in the nerves of an internal organ, the kidney or bladder, has been transmitted through the spinal cord to the motive and sentient nerves of the limbs; but the same phenomena may occur in an opposite order, as in the case of a compound fracture or other severe injury of the lower extremity followed by retention of urine, from irritation arising in the anterior crural and ischiatic nerves, and communicated through the lumbar and sacral plexuses of spinal nerves to the nerves of the bladder."

When we obtain a more exact knowledge of the reciprocal influence exerted by the spinal cord and the sympathetic ganglia upon each other; when we can determine what power the sympathetic receives from the cord, and what power it communicates to the cord—we may obtain more definite notions on these points. But I think what I have said is enough to show that if you disturb the normal condition of the sympathetic nerves supplying the kidneys and bladder, you need not be surprised at an alteration in the condition of the spinal nerves, with which the disordered sympathetic nerves communicate, or in the condition of the muscles which derive their motor power from the spinal nerves whose relations with the sympathetic have been disturbed.

But another explanation may be offered. I need hardly tell you that when you have disease of the kidneys, even if only their excretory functions be disordered, the nervous system may suffer in another way. The blood is not purified as it ought to be from the constituents the kidneys should remove from it, or it is modified by the removal of

* Outlines of Human Physiology, by Herbert Mayo, edit. 3d, p. 231.

constituents the kidneys should not remove. In this case the nervous system suffers in common with the whole body, from the abnormal condition of the fluid on which its nutrition depends, and it occasionally suffers before other organs, or to a greater degree than they do. But I think we must have something more than this to connect urinary disease with paraplegia as cause and effect. You want to account for the lower extremities only—not the whole system—suffering, and you cannot do so very satisfactorily by chemical changes in the blood.

Then I should not omit to mention another reason for supposing that the sympathetic nerve plays an important part in this form of paraplegia. Gastric derangement is generally a very early symptom. Throughout the course of the disease it is usual to find a fissured, furred, slimy tongue; relaxed, turgid fauces; capricious appetite; alternations of want of appetite and voracity; thirst; a great tendency to eat fast, almost to *bolt* food; uneasiness, flatulence, and distension after eating, and constipation. These gastric symptoms are often far more troublesome to the patient than the weakness in his legs, or the bladder affection. Admitting the influence of the sympathetic, you can explain them readily enough by the intimate connection of the renal and solar plexuses without bringing chemistry to your aid.

I am by no means certain that the gastric derangement is not occasionally the first departure from a state of health which is noticed. The surgeon does not very often see these cases in their early stages, and when the patient comes to him he finds the disease has come on so gradually that no very accurate history of its commencement can be obtained. The usual history you get is somewhat as follows: The patient at some period between the age of twenty and thirty-five finds that he does not pass his urine so easily as he used to do. He is longer about it. It requires some effort, and a few drops are apt to dribble away after he supposes that he has done. He sees the stream is not projected with such force as before, that it does not fall far from the penis. Perhaps he has had gonorrhœa once or several times, perhaps not. In either case he becomes uneasy, and consults a surgeon, fancying, perhaps, that he has a stricture. A catheter is passed, and the urethra would be said by most men to be free. There is no stricture. The urine passes in a free jet through the catheter, showing that the bladder preserves its contractility. But a surgeon who has been on the watch for these cases would probably find some slight obstacle at the prostate. For the most part, however, the patient is assured there is no stricture, and then on seeking for some cause to explain the urinary derangement, it is found that the stomach is out of order, and the patient is sent to one of the "stomach men." He goes through a course of dinner pills, bitters, acids, or alkalies, bismuth, creasote, or oxide of silver. He is kept on dry bread and mutton chops, or a milk diet, or a vegetable diet, or is fed on sausages and cheese, as the case may be. Still he gets no better, and he is sounded again. The urinary symptoms persist. Probably the urine is becoming a little turgid, and there is more frequent desire to pass it. Still there is no stricture, and the surgeon recommends a holiday. The patient goes to the sea-shore, or to some German bath, or perhaps tries the water cure. Very likely he improves for a time, and fancies himself almost well. He really *may* be well, and remain so, or he may again lead an irregular life, and then after some cold, or fatigue, or excess, finds himself as bad as ever. He or his friends have noticed that he is becoming "shaky." He tires soon. He becomes fretful and unhappy. Perhaps he fancies that his generative organs participate in the derangement or debility of the urinary organs. Then after a time the weakness of the lower limbs becomes apparent. His legs feel heavy to him. His feet are habitually cold and numb. His knees are apt to give way as he goes up or down stairs. He finds a stick or a friend's arm necessary in the streets. He is observed to walk awkwardly, the feet wide apart, the toes very much turned out, and there is no spring in the foot. It is lifted by the leg, as it were, and put down heavily—as the flexors seem to be weaker than the extensors. There is no loss of sensibility in the limb, so far as you can discover by pinching or pricking it, but there is a loss of muscular sense. The patient does not know where his feet or legs are unless he can see them. Perhaps there may be some shooting pains occasionally in the limb, which you may hear called neuralgic, or rheumatismal. They are sometimes as sudden as electric shocks.

As the disease goes on the urinary derangement increases, the abdominal muscles become weak and relaxed, the digestion is more impaired, flatulence becomes more troublesome, there is always constipation, and the sphincter ani becomes weak—not to such a degree as to cause incontinence of feces, but an incontinence of flatus, which often worries such patients excessively, as you may readily imagine. On questioning them closely as to when they first noticed the weakness in the legs, you will scarcely ever get any satisfactory information. It came on so imperceptibly that it was impossible to fix a date. But they can all fix the period as long after the urinary and gastric derangement, perhaps one or two, perhaps three, four or five years. One of my patients first noticed it when running a race with me. We were in the country, returning from a walk, and I proposed to run to the house. He laughed, and asked me if I knew that he was one of the fastest runners in England. However, we ran, not at all fast, and I kept up with him; and he has told me since that that was the first time it occurred to him that his legs were becoming weak. This was three years after he had been examined for stricture, and had gone the usual round of dyspeptics.

As to the termination of this state of things I cannot tell you very much. I have never yet seen the end of a case, so I can say nothing as to the post-mortem appearances from my own observation, but I have told you before what others have found in cases somewhat similar. I have not seen a case further advanced than the condition I described just now. I could point out three or four now who have been in this condition, sometimes improving a little, sometimes declining again, for four or five years. I know others who have gradually regained their strength, and two especially who have married and have children. In one of these cases the paraplegia was so far advanced in 1845, that he could not walk without support. He used to be lifted on to a pony, and a friend walked beside him to support him. The urinary and generative organs were seriously affected; yet he was sufficiently recovered in 1849 to marry. A friend of mine attempted to commit suicide in 1847, from the distress of mind caused by his increasing debility; yet I met him lately walking briskly up St. James's Street, and he did his duty like a man against the Russians, both in the Baltic and the Black Seas.

Now, to be enabled to distinguish this form of paraplegia from that depending on spinal disease, you must remember the sort of history of the case as I have just described it, and compare this with the history of injury or disease of the vertebræ or intervertebral cartilages, or inflammation of the cord and its membranes, and bear in mind the following characteristics of the disease I wish you to recognize. They may also help you to make the more difficult diagnosis between this form of paraplegia and that depending on simple atrophy or softening of the lower portion of the cord.

1. Some impediment to the discharge of urine is one of the earliest symptoms.
2. This is closely connected with obstinate gastric derangement.
3. The weakness in the limbs is rather extreme debility than paralysis.
4. The tactile sensibility is slightly, if at all, impaired, but the muscular sense may be almost lost.
5. The limbs are tolerably well nourished. They may be thin, but there is no marked muscular atrophy, and their temperature is very little lowered.
6. The sphincter ani is not paralyzed, though it may be weak.
7. The bladder preserves some degree of contractility.
8. There may be no pain in the back, and no pain on pressing the spinous processes or applying a hot sponge to them.
9. The degree of weakness in the limbs varies with the state of the urinary organs. Great amendment will sometimes rapidly follow catheterism and the removal of any obstruction to the free discharge of urine.
10. In the early stages of the disease there is no history of convulsions, cramps, spasms, formication, or violent neuralgic pains.

Now, looking to disease of the urinary organs, in general terms, as the first sign of departure from the state of health, it may be as well to go a little further, and say that some impediment to the discharge of urine is the first thing to attract much attention, that this impediment is some engorgement or enlargement of the prostate, and that one or more attacks of gonorrhœa, or some sexual irregularity or excess, may often be

made out as the causes of the prostatic disease. The impediment once established, it is easy to comprehend the occurrence of irritation of the bladder, and propagation of the irritation to the kidneys.

Then as to the causes of the supposed greater frequency just now of this form of paraplegia. The opponents of tobacco say that paraplegia is an effect of smoking in excess, and offer as a cause of the supposed increase of paralysis an alleged increase in the use of tobacco. How much truth there may be in this I cannot say, but I would advise you always to insist upon paraplegic patients giving up smoking; not that I have seen any very marked ill effects from smoking in moderation, but that it is well to be on the safe side. It is so difficult to draw the line between moderation and excess, or to prevent moderation from running into excess, that total abstinence is the better course. I think, however, the harm smoking does is rather by putting the stomach out of order and keeping it so, than by any specific action on the nervous system. Occasionally you will find patients so miserable and irritable without tobacco, and so much soothed by it, that it would be absurd to adhere rigidly to the rule of abstinence.

Another explanation offered is the excessive use of cold water, which, of late years, has followed the introduction of hydropathy. And there may be something in this. The water cure is, and has been, practised by educated and judicious physicians, but it is, and has been, practised by ignorant and rash charlatans; and patients, thinking they cannot have too much of a good thing, have often done much more than they were told either by doctor or quack. I have seen several cases in which numbness of the lower part of the body and thighs, persisting for days or weeks, has followed prolonged sitz-baths, especially what is called the "flowing sitz," in which a stream of cold water is made to flow round the buttocks and thighs of a patient sitting in it. It is well that you should bear this in mind, and, while using cold water to the extent of exciting reaction, and as long as it is followed by a healthy glow, to caution patients against it when they feel cold, or shivering, and their hands or feet are numb, which will happen to some people after even a simple sponging with cold water.

You will take into account, then, both tobacco and cold bathing as causes of paraplegia, but without attaching too much importance to them. I am disposed to attach much more importance to sexual irregularities—the occasional excess and occasional abstinence—which follow the state of celibacy, or the late marriages of the present day. The excessive luxury of our age brings its own punishment with it. If young ladies cannot wear a dress which costs less than twenty guineas; if they are not content with dressing *themselves*, but will assist in carrying about a preposterous cage of hoops and rings four times the size of the human figure, and covering this with silk at a guinea a yard; if they will spend five or ten guineas on a bonnet which affords neither shelter nor warmth to the head; they cannot expect a moderate man to ruin himself with milliners' bills, and need not be surprised if he shrinks into his solitary bedroom, and lives at his club. If young gentlemen must spend thirty or forty pounds a year in cigars; if they will drink claret and champagne; if they must have a "trap" or a hack, at the very least; if a stall at the opera is indispensable, and the pocket not very deep; it is very clear that nothing is left for a wife and children. If parents of moderate means who have brought up their children respectably, will not allow their daughters to marry a man who has to make his way in the world, but insist upon a house, and servants, and carriage, we need not be surprised at the number of old young ladies and old young men we meet with everywhere; and we need not be surprised at the physical evils which flow from such an unnatural state of society.

Lastly, as to the *treatment* of this disease. If you see a case in its very early stages, take care to remove any obstruction to the free discharge of urine. Use bougies until a full-sized instrument passes freely, and then endeavour to correct anything that may be acting injuriously upon the general health. Give such rules as to diet, exercise, residence, clothing, bathing, and change of air, as will tend to restore any lost vigour. Attend carefully to the condition of the urine, and regulate your medicinal treatment accordingly. Put your patient on his guard as to the possible progress or return of his disease, and you will not do your duty, as I believe, without advising him earnestly to marry.

When you have a more advanced case to deal with, the condition of the digestive or-

gans will be a primary consideration. The tendency to constipation must be overcome, and I think a daily enema of warm water answers better than any dinner pill or aperient draught. If you do give pills, avoid aloes, as they are apt to increase the urinary irritation, and saline purgatives for the same reason. Gregory's powder is as good an aperient as you can use. An elastic belt, worn round the abdomen, will tend to make up in some degree for the weakness of the abdominal muscles, and help to remove one of the causes of constipation. Then, as to the state of the stomach, I believe you will do more good by careful diet than by any medicine. I have seen every kind of remedy tried, and very little good done by any. Lately, two of my patients have taken pepsine, but without the slightest benefit. What really does good is a thorough change of life—a long sea voyage, mountain air, warm bathing, and a course of some one or two mineral waters.

The "grape cure," as it is called, I have known to prove very beneficial. At Meran in the Tyrol, and some other places, patients are kept, while the grapes are ripe, almost entirely upon them and bread. A little weak broth and rice is also given, but bread and grapes are the staple articles of diet. You will see at once how likely so complete a change of food is to modify—and modify for the better—the condition of the digestive and urinary organs. Besides, the life in the open air, the quiet, and hope all act beneficially; and I can strongly recommend six weeks of the grape cure in the autumn after a summer at some of the mineral waters and warm springs.

Take a case still more advanced. The feebleness of the limbs is extreme—the patient can walk a mile or two, perhaps, but the gait is tottering, the urine is loaded with mucus or muco-pus and the phosphates; it soon becomes ammoniacal after it is passed, and there is frequent desire to pass it. Attending to what I have said as to the earlier stage, other things will suggest themselves now, such as strychnine, galvanism, opium, steel, cantharides, and the medicines which have a specific action on the mucous membrane of the bladder.

As to strychnine, I have seen it tried in small doses, and I have seen it carried on till its characteristic effects have been produced. I have seen it do harm, but I never saw it do any good whatever. Galvanism, or electro-magnetism, on the contrary, I feel quite certain is of very great utility, but it must be used perseveringly. You may either send a pretty strong current through the weak muscles for a few minutes every day, or the patient may wear one of the little portable batteries sold by Mr. Meinig, with a pole fixed to each limb, so as to keep up a constant mild current day and night. Opium is of great utility in relieving the general irritability, and the irritability of the bladder in particular. Iron may be useful, as in ordinary cases of debility, but in the form of muriated tincture, and in combination with cantharides, it is sometimes followed by surprising good effects. In one case the good effect was so sudden and remarkable that I was almost led to accept the supposition of Dr. Seymour, that cantharides by its diuretic action tends to remove serum effused into the spinal cavity. In other cases I have seen the mixture of cantharides and iron tend to the restoration of great contractile power to the bladder, and relieve the frequent desire to pass water. I learnt the use of it accidentally from witnessing the good effects of one of the "Balms" or "Elixirs" sold by those Parishs of our profession, who fatten upon the fears they set up and the diseases their vile books create. The usual dose is fifteen minims of the muriated tincture of iron, and half a drachm of the tincture of cantharides, twice or three times a day

As to the medicines which have an astringent action on the mucous membrane of the bladder—buchu, uva-ursi, chimaphila, and pareira brava—they are to be looked on as mere palliatives, and the last is the only one that I have much confidence in. It is very useful when there is great irritability of bladder, and a copious deposit of muco-purulent matter in the urine. You may give half a pint, or even a pint of the decoction daily, with opium or hyoscyamus if necessary. When the earthy phosphates are also deposited freely, you will find the diluted phosphoric acid very useful, and you may give this in half drachm doses in the decoction of pariera. If the deposit is more of the mixed phosphates the benzoic acid answers better. A favourite draught of mine is five to ten grains of benzoic acid, and half an ounce of mucilage, in two or three ounces of the decoction of pareira, with either twenty or thirty minims of tincture of hyoscyamus, or ten or fifteen of the

solution of bimeconate of morphia. If the muco-purulent and phosphatic deposits increase to such a degree as to offer obstruction to the escape of urine, you should wash out the bladder every day with warm water. This gives great relief, and if the irritability of the bladder is excessive after you have washed it out, you should inject five minims of the diluted hydrocyanic acid of the Pharmacopœia in four ounces of warm water, and leave it in the bladder. The soothing effect of this is remarkable, and you may thus obtain several hours' comfort for your patient, even in the very worst cases.

You may remark that I have said nothing about the so-called nervine tonics, sulphate of zinc, oxide of silver, and so on. The reason is, that I have no faith in them. Your great object in these cases is to set the urinary organs to rights, to get the digestive organs into good order, and then to gain time for the restoration of the lost strength.

I shall only detain you a few minutes longer, to add a word or two as to the mineral waters or warm springs which are likely to be most useful. A course of some aperient water, as Ems or Carlsbad, should be taken first, and then a chalybeate should follow. The Schwalbach springs are very good ones, varying in strength, so that the patient can begin with the weakest. Dr. Struve's imitations of all these waters are very good, and you may use them if the patient cannot go abroad. Of the warm springs for bathing those at Wildbad and at Gastien have the highest reputation. The water at both is simply warm distilled water, so far as chemistry can teach us, but the effects are certainly different from anything we see after warm baths in this climate I passed three weeks at Gastien this autumn, and saw a great many paralytic cases there, and whether it is the mountain air, or the warm water, or whatever it may be that that does good, the practical fact for you to know is that such cases do get better there, and get better in a very extraordinary manner, so that in obstinate cases you will be fully justified in urging your patients to pass a few weeks there.—*Medical Times and Gazette*, Nov. 14, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Excito-Secretory System of Nerves.—Two new claimants to priority of the discovery of the excito-secretory system of nerves have recently appeared. First, Dr. I. Adams Allen, late Professor of Physiology and Pathology in the University of Michigan, and second, Dr. Martyn Paine, Professor of Physiology in the University of the city of New York.

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Pathological Society of Philadelphia.—A society, with this title, has recently been organized for the cultivation of morbid anatomy, and the following gentlemen elected officers for the ensuing year:—

President.—S. D. Gross, M. D.

Vice-Presidents.—R. La Roche, M. D., and A. Stillé, M. D.

Secretary.—J. Da Costa, M. D.

Assistant Sec.—Thomas Morton, M. D.

Treasurer.—A. Hewson, M D.

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Winter Retreat for Invalids.—We would again invite the attention of persons desiring a residence in a mild climate to the winter retreat opened by Dr. N. D. Benedict, at Magnolia, East Florida.

Magnolia is situated on the St. Johns River, about twenty-five miles south of Jacksonville, in about the same latitude with, and about twenty miles west of St. Augustine. It is a country place, with only half a dozen dwellings besides the "Magnolia House," which, while it is immediately on the river and near the steamboat landing, is also on the border of the unbroken pine forest, where the walks, rides, and hunting-grounds, are well sheltered, even in windy weather. The river, which here widens into a lake, is attractive for sailing, rowing, and fishing, and the neighboring creeks, embowered in dense woods, are smooth and tranquil when the river is rough. There is also a warm sulphur spring near by, which is useful in rheumatic and dyspeptic affections.

The Magnolia House, which is conducted as an ordinary boarding-house, is well adapted to the purpose for which it was designed. The rooms are large and airy, well-furnished, and amply provided with fire-places. The provision for the table, and the attendance generally, are not inferior, it is believed,

to the best appointed hotels. Horses for exercise and hunting, and boats for fishing and excursions of pleasure, can be obtained, and a billiard table affords in-door amusement.

The access to Magnolia, from the North, is by steamship from New York, and by railroad to Charleston and Savannah; and by safe and commodious steamboats from Charleston on Tuesdays, and Savannah on Mondays, Wednesdays, and Fridays, reaching Magnolia on the following days. These steamers are new, spacious, and elegant, and commanded by competent and experienced officers. The journey may be made from New York in four days, at an expense of little more than thirty dollars.

FOREIGN INTELLIGENCE.

Conviction for the Sale of Chloroform in Paris.—M. Plisson, pharmaceutical chemist, wss charged before the Correctional police with having sold thirty drachms of chloroform, a poisonous substance, without assuring himself of the name and residence of the purchaser, and without receiving a physician's prescription for the same. The person who bought it in part inhaled it and in part swallowed it, and died while being taken to an hospital. M. Plisson was sentenced to six days' imprisonment and a fine of 1000 francs.—*Med. Times and Gaz.* Nov. 21, 1857.

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New Military Hospital at Vincennes.—The Minister of War has just constructed a magnificent hospital at Vincennes, embodying all the ameliorations which modern art and experience have realized. It is placed in the most advantageous part of the forest, at about four miles distance from Paris. The portion of the land on which it stands, being the gift of the Emperor, has been disforested. The works, commenced in April, 1856, are nearly completed, so that patients may be received whenever it is deemed convenient. The hospital consists of three principal buildings. One of these is placed parallel with and at a distance of about 150 metres from the high-road, while the two others join it at right angles, thus forming an anterior court 120 metres by 90, containing a garden and a basin of water. The centre building, of a richer style of architecture than the others, gives accommodation to the officials of the establishment. The two lateral buildings are each terminated by a pavilion, one of these being destined for sick officers, and approached by a separate staircase; and the other for the sisters, who are now employed in the military hospitals in the same way as in the civil. A magnificent arcade with glass sides serves as well for a promenade as for a means of communication between different portions of the edifice. This is the first military hospital in the construction of which a complete system of ventilation and warming has been carried out, the present plan having been chosen after mature consideration of the various systems proposed. On account of its greater economy heating by steam and hot water has been preferred. The system of ventilation is calculated to supply 30 millimetres of pure air per bed and per hour, with the power of doubling this quantity in case of epidemics or other cause. The establishment occupies about 8 hectares of ground, the buildings themselves standing on 4,350 square metres. It has been erected from the designs of M. Livet, Lieut.-Col. of Engineers, and is intended for 600 patients; and its total cost will be about 2,400,000 francs—a far less sum than civil establishments of similar importance usually come to.—*Ibid.*

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New Journal of Physiology.—Dr. Brown Sequard has sent us the prospectus of a journal of physiology, of which he is to be the principal editor, and which is to be published quarterly, on the 1st of January, April, July, and October—each number to contain from one hundred and sixty to two hundred pages. He is to be assisted in his enterprise by Drs. Ch. Robin, Ch. Rouget, and Tholozan, &c.

His journal, in addition to pure physiology, will embrace—1. Organic chemistry, hygiene, toxicology, and legal medicine, in their relations to physiology. 2. Descriptive anatomy, comparative anatomy, teratology, and normal and pathological histology, so far as they illustrate physiology. 3. The applications of physiology to the practice of medicine, surgery, and obstetrics.

The subscription will be 18 francs, at Paris, payable in advance.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Tubercular Disease of the Lower Lobe of the Lung.—An interesting example of tubercular disease, occurring chiefly in the lower lobe of the left lung, has just occurred in the practice of Dr. Johnson at King's College Hospital. The patient, a young man, was admitted with evidences of complete solidification of the affected lobe, which was gradually superseded by those of softening, and of the formation of a cavity. At the same time there were no physical signs of disease in either apex. His illness, from the commencement to the fatal event, was only two months. The autopsy confirmed the diagnosis, and showed a tubercular cavity surrounded by much consolidation in the lower lobe, while only a few scattered miliary deposits existed in the apices. Dr. Johnson remarked that the disease had in all probability been localized by an attack of pneumonia, on which the tuberculization had supervened, constituting what some had designated "strumous pneumonia." The occasional limitation of tubercular disease to the lower lobes of the lung is a circumstance which should always be borne in mind in dealing with obscure cases. In hospital and dispensary practice, especially where large numbers have to be seen in a short time, it is too much the routine to examine only the infra-clavicular regions.—*Med. Times and Gaz.*, Dec. 5, 1857.

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Excision of the Knee-joint.—At the last meeting of the Medical Society of London, Mr. Price brought forward a paper on resection of the knee-joint for articular disease.

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

The subject was divided into four heads. 1. Facts were adduced to prove that the operation could be, with admirable success, resorted to in children of an early age, and that the subsequent results were highly encouraging. There was now no question about its value in adults; and, although no facts could be advanced, the author was of opinion that a recourse to excision in patients passing from the prime of life was, for many reasons, superior to amputation through the thigh. 2. The importance of a correct understanding as to the condition of the general health of the sufferer before submitting him to such a proceeding was fully considered; yet the author, from experience, could contradict the usual opinions, that the operation was one attended with very considerable shock in debilitated patients. It was by no means uncommon to see a patient, who had been for a considerable period a martyr to pain and agony from continued ulceration of the joint, express immediate relief from the operation, and, instead of the vital powers sinking, the contrary effect was to be often noticed. In the third division the nature and extent of the disease was discussed. Water-coloured drawings exhibited the diseases of most uncommon occurrence, taken from cases under the care of the author and various surgeons. Disease confined to the articulation, malignancy, of course, not included, could always be treated by resection, with but one exception, —diffuse strumous infiltration of the heads of the two cylindrical bones — provided other circumstances were not incompatible. The extent of morbid action, as a matter of common sense, greatly influences the question of resection. Lastly, the subsequent treatment was dwelt upon at some length. A model of the splint used by the author, with a limb duly dressed, and in position, illustrated the simplicity of the subsequent management; while a reference to many cases in King's College Hospital showed the great advantage to be gained by its use. —*Med. Times and Gaz.*, Dec. 5, 1857.

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The important Point in the After-Management of Excisions of the Knee-Joint.— We wish to draw especial attention, as we have indeed already repeatedly done, to the exceeding importance in the after-treatment of these resections, of keeping the limb in entire rest for a long period. As soon as all bleeding has ceased the limb should be dressed and carefully secured in a straight position on a back splint with movable sides. It may then be swung in the manner now so generally employed. In padding and fitting the back splint in the first instance, in securing also that there is no hurtful pressure on the heel, or on either malleolus, the utmost care should be exercised, for this part of the apparatus ought not to be removed until consolidation has taken place. As the side splints are movable, no difficulty will be met with in dressing the wound, and the pads, etc., should be secured from soiling by oil-silk. Among the causes of failure after this operation, no single one can, we feel sure, claim so many limbs as the too early change of splints. The over anxiety of the operator in, it may be, his first case, to ascertain that all was doing well, to know whether consolidation had commenced, etc., has, in not a few instances, been the very means of defeating his wishes. It is not "meddlesome midwifery" only which is "bad." Repeatedly has it happened that all was doing excellently well, the limb perfectly straight, etc., up to, it may be, the sixth, tenth, or fourteenth day, the day of the first complete dressing; that then the bones got displaced, and could never after be restored to position. If an operator be conscious of any moral infirmity in this direction, he ought at least to take the precaution of dividing the hamstring tendons, but even then his cases must not be expected to do as well as those of surgeons who have a large stock of patience.—*Med. Times and Gaz.*, Dec. 12, 1857.

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Necrosis of the Articular Surface of the Femur.—An operation of a novel character was attempted at St. Thomas's last Saturday, but was prevented from completion by the circumstances of the case. It was to have consisted in a no less bold measure than the removal of a sequestrum from the very articular facet of the femur, and the saving of the limb without any resection procedure. A cachectic man, worn down by diseased knee-joint, was placed on the table, his left knee being greatly swollen, and presenting several sinuses on its inner side. Mr. Simon, the operator, remarked that a careful examination of the part, added to the history of the disease, induced him to believe that a small sequestrum either in the head of the femur or the tibia existed, and this he proposed to remove, intending at the same time to make such incisions as

would permit of an excision being performed, if needful. A curved incision was carried from one side of the joint to the other, in the usual manner for resection, the ligament of the patella cut through, and the flap reflected upwards. The interior of the joint was now freely displayed by bending the limb, and cutting what remained of ligamentous impediment. The cartilage was found removed on almost all parts, the osseous surfaces were extensively ulcerated, and the joint contained grumous pus and loose lymph. On examining the articular surfaces of the bones, two necrosed and loose portions, about the size of shillings, and a third of an inch thick, were discovered in the inner condyle, and easily taken out. Mr. Simon now washed the wound well, and proceeded to replace the limb in the straight position. This, however, was found to be impossible, as the bones could not be reduced until the condyles had been sawn away, and the operation converted into an ordinary excision. Mr. Simon afterwards explained that his view was, that when sequestræ existed in the cavity of a joint, they were the sole causes of the continued irritation, and that their removal was the only resource necessary. He felt much disappointed at not having been able in this instance to carry out his original intention. The patient a week after the operation was doing well.—*Med. Times and Gaz.*, Nov. 14, 1857.

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Excision of the Tongue.—On the 8th inst., at noon, there was great excitement exhibited in the surgical ward and operating theatre of the Royal Infirmary, Edinburgh, resulting from the expectation of a very formidable surgical operation taking place that morning. The patient had for a long period suffered from cancer of the tongue, and Professor Syme had determined upon removing the organ bodily. Shortly after twelve o'clock, the man was led into the theatre, placed upon the table, and quickly rendered powerless through the influence of chloroform. Mr. Syme commenced by making a vertical incision through the integument covering the chin, and then sawed through the lower jaw at the symphysis. The division being made, he next proceeded to cut away the tongue at the very root, close to the hyoid bone. The arteries were quickly tied, and the hemorrhage was comparatively little, the man having lost only a few ounces of blood. The jaw was again placed together, and the integument sewed up. The patient was able to walk out of the room. At the close of the operation, Professor Syme remarked that the removal of the tongue bodily had been successfully performed in Italy, but the *modus operandi* was of a different nature, the incisions having been made entirely in the throat; but he considered that that mode was attended with more danger than the one he had chosen to adopt. The patient has continued well ever since, being fed with a tube. He can now, however, swallow, and a few days after the operation he spoke, or, rather, breathed out the word "milk." He is cheerful, and gives every hope of recovery. —*Lancet*, Dec. 19, 1857.

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Spina Bifida submitted to Operation.—It is very rarely that cases of spina bifida come under our notice in hospitals as the subjects of treatment, the affection being generally left to nature as one irremediable by art. About three years ago, Mr. Paget attempted to produce obliteration at the neck of one of very large size, by passing around it a ligature, which was to be made to cut its way gradually. The child, however, a very fine one, died before the ligature had come away. Since then, two cases were treated at University College Hospital by Mr. Quain and Mr. Erichsen respectively, and both ended fatally after operations. In a fourth, under the care of Mr. Hutchinson, a simple puncture and withdrawal of fluid was followed by fatal arachnitis of the cord, pus having been secreted into the sac. Last week, a very interesting case was operated upon by Mr. Borlase Childs, at the Metropolitan Free Hospital, and, we are sorry to say, has conformed to the general rule as to result. The child, a remarkably healthy one, was a month old, and quite free from any cerebral affection. On its back, over the last lumbar and first sacral spines, was a sac the size of a pigeon's egg, to which the skin adhered very closely, and over the centre of which the coverings were very thin. Still, ulceration was not at all immediately threatening, and about its base the integuments were thick and sound. Thinking that it would be practicable to push the serous sac back into the spinal canal, and retain it there by pressure, Mr. Childs determined to dissect up the skin from over it, and then cut away the thinned portion, and unite the

sound parts across. This was done; but, owing to its close adhesion, the sac itself was wounded in two or three places. The skin was united on hare-lip pins. The operation, from the difficulty of the dissection, lasted a considerable time, during the whole of which the infant was under the influence of chloroform. Several times it became alarmingly rigid, whether from the anæsthetic or the irritation of the cord, it was difficult to say. It remained very restless and ill afterwards, and died on the following morning.

The triumphs of operative surgery in dealing with cases of spina bifida have, we suspect, been very few indeed; and, remembering that it is a disease in which, every now and then, a spontaneous cure is effected, it may fairly be held doubtful whether any of the proceedings hitherto practised are really justifiable.—*Med. Times and Gaz.*, Nov. 28, 1857.

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Hypertrophy of the Penile Integument removed by the Ecraseur.— Occasionally we see the ecraseur used at some one of the hospitals, to remove some redundant growth or condemned organ, just to let the student see the nature of the instrument. One of the objections to a modified form of this instrument, which is manipulated by turning a screw at the handle, is, that one end of the chain only is drawn through the canula, and thus compressing and pushing round one side of the mass undergoing the process of crushing. This we saw improved in an instrument manufactured by Mr. Ferguson, of Giltspur-street, which permits of the slow but continuous turning of the screw at the handle, and at the same time drawing both sides of the chain into the canula, thus equally compressing the diseased mass. This was the suggestion of Mr. Skey, jun. Its application we saw practically on November 14th upon a young man who had hypertrophy of the integument surrounding the body of the penis—a condition remaining after former disease many years ago; in fact, the glans penis was regularly scarred and pitted as if by smallpox, but of course resulting from a pock of greater potency. The instrument worked very well, and had nearly severed the tumour, when the chain near the handle broke. Its pedicle was therefore snipped off by Mr. Skey with a scalpel, and not a drop of blood was manifest. There can be no doubt that the instrument is useful and convenient enough in such cases as these; but we have seen the chain break so many times, or some disaster occur in its use, that we think we may safely assert that it will shortly be exhibited by the surgeon as a thing that received a fair trial in its day, and was found not to answer. The results of the operation, however, in the removal of the growth, were perfectly satisfactory.—*Lancet*, Nov. 28, 1857.

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Varicocele of the left Spermatic Veins.— Two cases of this affection have lately been under the care of Mr. Price, one at the Great Northern Hospital, and the other at the Blenheim Free Dispensary, both occuring in young men under twenty years of age.

The first instance appeared in the person of a lad, aged sixteen, a telegraph messenger. A blow on the left side of the scrotum, some few years since, was the supposed cause of the mischief. The constant exercise consequent upon his employment not only rapidly increased the symptoms of varicocele, but compelled him, through severe pain, to seek a radical cure. A double silk ligature of moderate substance, was passed subcutaneously around the enlarged veins, and drawn with moderate tightness. The patient was enjoined rest, and remaining an out-patient; and the ligature coming away in twenty days, left the veins obliterated, and the patient free to resume his employment.

The other case, occurring in a young man, aged nineteen, is remarkable for the size the veins have obtained without causing any local disturbance, or pain or alteration in the size and functions of the testicle. The tumour caused by the varicose state of the veins, is as large as a small bunch of grapes. The affection appears to be of many years' duration, and has never caused a day's uneasiness. The varying effects produced by the existence of this disease, are well illustrated in these two cases.—*Lancet*, Nov. 28, 1857.

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Erectile, deeply-placed Nævi—Difficulty of Diagnosis.—Among the less frequent of the forms of congenital nævus are those which consist of venous or erectile tissue only. A good example of these latter was lately under observation in one of Mr. Cock's wards in Guy's. A healthy boy, aged 5, was admitted with a soft swelling in front of the right shoulder, which had

painlessly increased, and was now of the size of a large egg. The skin was not in the least discoloured, nor was it adherent. Fluctuation was so deceptively present that Mr. Cock was induced to puncture with a grooved needle, in the suspicion that the swelling must be either an enlarged bursa or a chronic abscess. Only venous blood flowed, but the stream of it was pretty free while the needle remained. It ceased immediately after the withdrawal of the needle, but the tumour was noticed to rapidly swell up to twice its former dimensions, and in this state the integument acquired a slightly bluish tinge. Its character had now become apparent, and a week or two after this exploration Mr. Cock excised the tumour. It consisted of a mass of erectile tissue, having no capsule, and passing under the border of the deltoid till it came in contact with the capsule of the joint. Its tissue did not contain any true vessels. The bleeding, which was pretty free, was controlled by the application of perchloride of iron. The wound healed well. In these cases there is very often no history of their having existed at birth, since, being deeply-placed, they have escaped notice. This circumstance combines with the perfect soundness of the overlying skin to make their diagnosis a matter of much difficulty. Sometimes they appear at a certain age to take on quite an active growth. Not long ago we mentioned a case in which Mr. Critchett extirpated an eyeball which had been extruded by one of these growths, of course removing also the tumour itself. The patient was a boy of 7. —*Med. Times and Gaz.*, Oct. 24, 1857.

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Linear Extraction of Soft Cataract.—That method of extraction of cataract to which, under the name of the "linear" operation, much attention has recently been given on the Continent, and especially by Graefe and his followers in Germany, has been practised with signal success in several cases at the Moorfields Hospital during the last few weeks. It is, as our readers will be well aware, no novelty there, since, under the title of extraction through a small opening, we have frequently before adverted to it.* The latter name is liable to objection, inasmuch as it gives no clue to the size of the opening made, and that of linear, denoting that the corneal incision is to be about a line more or less, is certainly preferable. We shall, therefore, in future employ the latter, and it will probably come into general use, when the operation shall be as widely known as it deserves. The case of a man on whom Mr. Critchett operated on Tuesday week afforded a striking illustration of its benefits. He was the subject of very impaired vision in the left eye, the consequence of a blow; and in the right, which was his better one, by the aid of the ophthalmoscope, it was discovered that the retina in parts was detached. Still, with this eye he could see fairly, when suddenly the lens became opaque. He was thus reduced to a state of almost total blindness, and, although the nervous structure was known not to be healthy, it became exceedingly desirable promptly to get rid of the cataractous lens. The latter was of milky-white appearance, with a tinge of blue, and was equally opaque in all parts. With a broad needle Mr. Critchett made a puncture on the outer side of the cornea, about a line in width, and with the same needle lacerated the capsule, and broke up the lens. The lenticular substance itself proved to be less opaque than was its capsule. A channelled curette having been introduced, the whole of the fluid part of the lens escaped; and lastly, with a little manœuvring, the capsule itself passed into the aperture, and, being seized by forceps, was removed bodily. The pupil was now perfectly clear. With a blunt probe a small portion of iris, which had prolapsed, was tucked back, and the pupil was then perfectly round. The man at once exclaimed that he could see. No inflammation whatever followed the operation, and when brought before the clinical class, three days after, there was nothing about the eye by which it could have been known that it had been operated on. With the aid of a glass the man could see about as well as he could prior to the formation of the cataract. In a case in which Mr. Bowman employed this method of operation in a young girl, about a month ago, the result was just as perfect and nearly as speedily attained as in the preceding. If the capsule be not opaque at the time of the operation, no attempt is usually made to remove it. The cases deemed suitable for this method are those in which the lens is soft and without a

* The credit of having been the first to practise linear extraction appears to belong to Mr. Gibson, of Manchester. (See *Medico-Chir. Trans.*, vol. v.) He did not, however, complete the operation on the same day, but allowed an interval of a week to elapse between the breaking up of the lens and its removal.

nucleus. We have been informed that, in Paris, M. Demarres even ventures to attempt to remove dense nuclei by it, catching them in the extremity of the curette; but such practice is, we believe, deemed to be too uncertain of success to be adopted at Moorfields. It would necessitate a larger opening than is usually made, and, as it is impossible to always estimate correctly the dimensions of the nucleus, would probably, in not a few cases, result in disappointment. If the nucleus be left, it is very liable to fall down behind the iris, and become a source of iritation either to the ciliary bodies or the retina. In cases for which either of them are adapted, the linear extraction has the great advantage over the method by solution that it completes the operation at once, thus preventing the risk of local or general disturbance ensuing.—*Med. Times and Gaz.*, Sept. 5, 1857.

CLINICAL LECTURE.

Abstract of a Clinical Lecture on the Chronic Contraction of the Liver (Cirrhosis), and on the Chronic Enlargement of that organ, delivered at King's Col. Hosp., Oct. 10, 1857. By R. B. Todd, M. D.—The case selected for the lecture was that of a man named Lovett, æt. 27, who had died in the hospital on the 7th, and whose body was examined on the 8th.

The patient laboured under abdominal dropsy or ascites. This was ascertained during life to be due to that disease of the liver in which the organ becomes much shrunken and diminished in size; many portal canals become obliterated, and all more or less contracted, and the vessels in them compressed. The venous blood from the whole intestinal tract and the stomach—nearly the whole surface of the visceral peritonæum—is materially obstructed and retarded in its passage through the liver, and the overcharged vessels relieve themselves on the side where they are least covered, and the serum of the blood transudes into the peritoneal sac.

The invasion of this disease of the liver, well known by the name of *Cirrhosis*, is always insidious and obscure, and the patient is often not conscious of being ill until one of the most serious consequences of the disease begins to show itself in the enlargement of the belly, consequent on the accumulation of water in it. This was the case with this patient, Lovett, who first observed the abdominal swelling on the first of June. He was an intemperate man, and had drank very hard, although for some time previous to the appearance of the swelling he had been leading a regular life.

The seeds of the disease, however, had been sown long previously, and, once the dropsy had begun to show itself it made gradual progress. He first became a surgical patient for a tumour in the right leg. This proved to be a chronic abscess, and was cured—the dropsy all the while gradually increasing, and on the 25th of July he was transferred to the Physicians' ward, with a belly tense from accumulated fluid.

The patient exhibited a considerable degree of sallowness, or more properly of yellowness of skin, with a yellow tinge of conjunctiva, which, although much less than we see in ordinary jaundice, was evidently due to bile retained in the blood. The yellowness was rather greater than is usually seen in cases of contracted liver. The urine contained bile, as was shown by the nitric acid test, which does not produce the play of colours unless there be a decidedly notable quantity of bile present. The day before this patient was admitted into the Physicians' ward, he vomited a large quantity of blood, as much as a pint and a half. This is a very common concomitant of this chronic disease of the liver, and of an advanced stage of it, and is caused chiefly, no doubt, by the over-distension of the vessels of the mucous membrane of the stomach, consequent on the obstructed portal circulation.

No evidence could be obtained, either by palpation or by percussion, of *enlargement* of the liver. Looking, then, at the evidence of obstructed portal circulation, the dropsy, the absence of signs of cardiac and venal disease, and the pre-existing symptoms, progressive emaciation with imperfect biliary excretion, we could come to no other conclusion than that the liver was of the small contracted kind.

Various diuretic remedies were used for a period of six weeks, with more or less effect in provoking an increased flow of urine, but with no effect in diminishing the size of the abdomen. The belly steadily enlarged, until its girth measured forty-three inches, and the patient's breathing became much embarrassed.

It was now resolved to tap; and on the 12th of September Mr. Hulke operated, and

drew off nearly thirty pints of straw-coloured albuminous fluid.

Although much relief followed the operation immediately, the patient showed no disposition to rally; on the contrary, he seemed to sink day by day, the belly began to fill, and became very tympanitic over the course of the colon. He died three weeks after the operation.

The post-mortem inspection showed in the expanded and patulous condition of the abdominal walls, and the remarkably vaulted state of the diaphragm, how these parts are permanently impressed by the pressure of long accumulated fluid. Overstretched abdominal parietes (as these had been) will not contract on the removal of the distending fluid, but remain flaccid and lax. It is very questionable practice to postpone tapping until such a degree of over-distension occurs.

We found signs of recent effusion of lymph, to no great extent, on the peritoneal surface of the intestines.

The liver (which was exhibited at the lecture), was very much shrunk; it was covered by an opaque membrane, and occupied a much smaller space than is natural; but it was not materially lighter, for it weighed three pounds seven ounces. Its surface was fissured and tuberculated; and a cut surface presented the knotted appearance characteristic of this form of disease. The capsule of Glisson surrounding the liver was thickened; as was also that in the larger portal canals. On section the colour of the liver was palish yellow; in this instance with less yellowness than usual; the organ, indeed, appeared anæmic. The kidneys, spleen, and other internal organs exhibited no morbid change.

Such (Dr. Todd remarked) is an average case of contracted liver with its consequences. The disease, which no doubt is most frequently the result of intemperate habits in drinking, is very common, and all the cases resemble each other to a remarkable extent. It cannot be discerned with certainty in its early stages, although no doubt a practised eye would seldom be wrong, for the chronic changes which terminate in this shrunken and contracted state of the organ, are, as I have already stated, most stealthy and insidious in their approaches.

A similar group of symptoms accompanies an enlarged, and sometimes a very enlarged condition of the liver. And systematic authors, especially those of late years, regard these two conditions as one and the same disease—cirrhosis. Indeed they lay it down that the enlarged liver is an early stage of the contracted liver, and that the former, by the gradual diminution of its size, passes into the latter.

I find it impossible to accede to this view, and I am anxious to call your special attention to the two cases, that you may, as opportunities offer, direct your attention to their clinical phenomena, and watch whether the one can be traced into the other.

The chronic enlargement of the liver, which is due to intrinsic non-malignant disease of the organ, with more or less thickening of Glisson's capsule (excluding that enlargement which comes from cancerous tumour, hydatid cyst, fatty or waxy disease, scrofulous deposits, as well as from biliary congestion and sanguineous congestion) this enlargement, I say, is also common in hospital and in private practice. Why it is, I do not know, but so it is, that I see more of this chronic *enlargement* of liver in private than in hospital practice. It is attended with some degree of a jaundiced condition—rarely considerable—but generally more than that which you see in the contracted liver. It is also accompanied by peritoneal dropsy; but this is seldom so much in quantity as that in the small liver, and accumulates more slowly, so that you do not so often meet with that extreme distension in the cases of enlarged liver as in those of the same contracted kind. You will all have observed how often, in all forms of abdominal dropsy, both peritoneal and ovarian, large veins are seen coursing over the abdomen. These are more numerous and larger in the cases of large liver than in those of small.

The prognosis in cases of enlarged liver is more favourable than in the contracted liver. It is in the former cases that tapping has sometimes ultimately proved successful, and that life has been decidedly prolonged, and the comfort of the patient much promoted by repeated tappings. In the contracted liver you can seldom tap but once; the general nutrition of the patient is at so low an ebb, that he has no power to resist or to rally from the depressing effect of the removal of so much liquid or of the invasion of even a limited amount of peritonitis.

It has often happened to me to see a marked diminution in size of some of these enlarged livers; but I have never seen one

shrink even to its normal size; much less to a size below the normal; nor have I ever seen a well-authenticated record of a case of this kind where such a contraction had taken place.

Under these circumstances I am, I think, justified in asking you to study these two states of liver, not as one and the same, but as different pathological conditions of the organ, believing that by so doing we are more likely to arrive at an exact knowledge of their real nature, than by taking it for granted (as we are apt to do now), that they are both one and the same disease.

And when I ask you to study the clinical phenomena of the large and the small liver as separate diseases, you must compare the morbid anatomy of each.

If it is true that this shrunk and contracted organ, which now lies before you, never was enlarged beyond the normal size, but has been reduced to its present state by a slow and progressive process of contraction, then it seems to us that it must be essentially different from the enlarged liver.

My own impression is, that in the contracted liver, which alone I would designate *cirrhose*, if, indeed, it be worth while to retain that name, the disease is essentially atrophic; the wasting process begins in the cells of the liver, and that the morbid condition of Glisson's capsule seen on that portion of it which covers the surface of the organ, and is found in the transverse fissure, and in the larger portal canals, is a consequence, and not the cause of the disease of the parenchyma of the organ.

The enlarged liver, on the other hand, does not consist throughout of one morbid state. You have, contributing to the increased size of the organ, thickened Glisson's capsule, which possibly may be inflammatory in its origin; here and there you have cells gorged with fat and other biliary elements, vascular congestion, and biliary congestion; but after a time you may have in parts of this liver a shrinking process and wasting cells, similar to those which are found in the small liver.

Observe, I pray you, that I make no dogmatic assertion on this subject. I ask you simply to observe the clinical phenomena which accompany these two conditions, not as if they were one and the same, but as different pathological states. We shall then arrive at a more definite knowledge of the real differences, if such exist, in the clinical features of the two diseases, which will afford us the best clue to the discovery of their true pathology.—*Med. Times and Gaz.*, Dec. 5, 1857.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Sorghum Saccharatum. — We have received from Jos. S. Lovering, Esq., whose skill and success in the manufacture of sugar is known to the whole country, some beautiful specimens of sugar made by him from the *Sorghum saccharatum.* We are the more pleased at the reception of these specimens in consequence of its having been asserted by some eminent chemists that the sorghum contains only uncrystallizable sugar, and the impression was becoming general that the benefits which had been anticipated to result from the cultivation of the plant, would not be realized.

Mr. Lovering's experiments conclusively demonstrate that the sorghum contains crystallizable sugar, and in sufficient quantities to render its cultivation profitable as a sugar producing plant. From a pamphlet sent with the specimens, entitled "A Detailed Account of Experiments and Observations upon the Sorghum Saccharatum, or Chinese Sugar-Cane, made with the view of determining its Value as a Sugar-producing Plant, from September 28 to December 20th, 1857, at Oakhill, Philadelphia County, Pennsylvania, by Jos. S. Lovering," we learn that the plants upon which Mr. L. experimented were raised at his residence, a few miles north of the city, and that his apparatus was of the simplest kind, consisting only of the following:—

"A pair of iron rollers, seven inches diameter and twelve inches long, set in a frame one-eighth of an inch apart, with spout to catch and collect the juice, and a crank turned by hand, a few sugar moulds and pots, some ivory black or animal carbon; two filters, made of common bed ticking, in the shape of an elongated pudding bag; a thermometer, Beaumé's Pèse-Sirop, or saccharometer, and a polariscope. All the other utensils I obtained from the kitchen, viz: a copper kettle of ten gallons capacity, a ladle, some tin pans, bowls, buckets, &c., to contain the juice."

The following is Mr. Lovering's estimate of the probable yield of an acre of canes of

ordinary growth, such as he experimented on, viz:—

	SUGAR. *Lbs.*	MOLASSES. *Galls.*
Actual yield as per Experiment No. 4	1221.85	74.39.
Add for inefficiency of mill, 10 p. c.		
For heating and reheating, &c. . . . . 5 "		
For footings, say but* . . 5 "		
20 p. c.	244.37	
Probable yield per acre . . .	1466.22	74.39

"Further, it will be observed that my acre produced but 1,847 gallons of juice. I have, however, seen published accounts of far greater yield than this. One, for instance, in this county, apparently well authenticated, reaching 6,800 gallons per acre, which, according to *actual* results, would produce 4,499 lbs. of sugar, and 274 gallons molasses; and according to the foregoing *probable* results, would yield 5,389 lbs. sugar, and 274 gallons to the acre. I do not pronounce such yield of juice impossible, but it will certainly be of rare occurrence. A mean between this and my yield would be a large return.

"Another subject worthy of notice, is the nature of the season. My impression is, that owing to the lateness and coldness of the spring, and the continued wet weather, the last has been quite an unfavourable season for the ripening and development of the sugar in the juice, to which cause I think a deficiency in the yield of at least ten per cent. may be attributed, which would further increase the quantity to 1,612 lbs. of sugar, and $81\frac{8}{10}$ gallons molasses, a yield very nearly corresponding with that of the best conducted plantations of Louisiana, as will be seen by the following figures, which I have collated from a minute statement furnished to me by the enterprising proprietor of one of the most complete and costly establishments in that region (it being furnished with vacuum pans, and all the most approved machinery of latter times, and conducted under his own personal supervision), of the actual product of one of his plantations of 266 acres for eight consecutive years. These figures will also furnish useful data for the estimation of the cost of production here, viz:—

* These two latter gains in sugar would be made at the expense of the molasses, taking from it the gain which would be realized by the use of a better mill, and therefore leaving the quantity of molasses unchanged.

Aggregate yield of juice from 266 acres for 8 consecutive years . 4,757,700 galls.
Aggregate yield of sugar . . . 3,626,425 lbs.
" " molasses . . 217,585 galls.

Comparison.

LOUISIANA.	PENNSYLVANIA.
Yield of juice per acre . 2,236 gals.	. . . . . 1,847 gals.
Density of juice (Beaumé) . . 8.44°	. . . . . 10°
Yield of sugar per gal. of juice . . 0.76 lbs.	. . . . 0.66 lbs.
Yield of sugar per acre 1,704 "	Actual . 1,221.85 " Probable 1,612.00 "
Yield of molasses per acre . . . 102 gals.	Actual . 74.39 gals. Probable 81.83 "
Wood consumed per acre, 3.87 cords, at $2.50 per cord.	
Coal for engine, 0.41 tons, at $2.50 per ton.	
Labour, per acre, 3.70 days.	

The following are Mr. L.'s conclusions:—

"1st. That it is obvious that there is a culminating point in the development of the sugar in the cane, which is the best time for sugar making. This point or season I consider to be when most, if not all the seeds are ripe, and after several frosts—say when the temperature falls to 25° or 30° F.

"2d. That frost, or even hard freezing, does not injure the juice nor the sugar, but that warm Indian summer weather, after the frost and hard freezing, does injure them very materially, and reduces both quantity and quality.

"3d. That if the cane is cut and housed, or shocked in the field when in its most favourable condition, it will probably keep unchanged for a long time.

"4th. That when the juice is obtained, the process should proceed continuously, and without delay.

"5th. That the clarification should be as perfect as possible by the time the density reaches 15° Beaumé, the syrup having the appearance of good brandy.

"6th. That although eggs were used in these small experiments, on account of their convenience, bullock's blood, if to be had, is equally good, and the milk of lime alone will answer the purpose; in the latter case, however, more constant and prolonged skimming will be required to produce a perfect clarification, which is highly important.

"7th. That the concentration, or boiling down, after clarification, should be as rapid as possible without scorching, shallow evaporators being the best.

"With these conditions secured, it is

about as easy to make good sugar from the Chinese Cane as to make a pot of good mush, and much easier than to make a kettle of good apple-butter."

It may be interesting to state, that we learn from other sources that every part of the sorghum may be employed for some useful purpose. Thus the leaves, and also the scum which rises in boiling the juice, constitute very fattening food for cattle, and from the fibre of the cane left after the juice is expressed, paper of good quality may be made.

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American Medical Association.—The Eleventh Annual Meeting of this Association will be held in the city of Washington on Tuesday, May 4, 1858. The Secretaries of all societies and other bodies entitled to representation in the Association, are requested to forward to the Secretary, *Alexander I. Semmes, Washington*, correct lists of their delegations as soon as they may be appointed; and the Committee of Arrangements earnestly desire that the appointments may be made at as early a period as possible.

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Bellevue Hospital.—We learn, with great satisfaction, from the January number of the *New York Journal of Medicine*, that the Committee of the Board of Alms-house Governors, to whom was referred the resolution of inquiry as to the expediency of introducing the homœopathic practice into this Institution, have reported unfavourably to any change in the Medical Board, and deprecate the introduction of any other system of medical practice than that now employed.

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Consolidation—The *Western Lancet* and the *Cincinnati Medical Observer* have been consolidated, and will appear under the title of *The Cincinnati Lancet and Observer*, to be edited by Drs. MENDENHALL, MURPHY, and STEVENS. Dr. Blackman, during his year of editorship, has conducted the *Lancet* with ability, and has uniformly upheld the honour and dignity of the profession. We therefore part with him with regret from the editorial ranks.

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Physicians' Pocket Day-Book.—Messrs. C. J. PRICE & Co. have just published a useful pocket volume under this title. It contains an Almanac, Tables of Comparative Medicinal Doses, Poisons and their Antidotes, British and French Medicinal Measures, Atomic Weights, and Combining Proportions, Articles of Diet, Comparative Thermometric Scales, Baths, Simple and Medicinal, Tables of Doses of all the principal Preparations of the Pharmacopœia, Visiting List and Index, Blanks for Monetary Engagements, Bank Account, Nurses' Addresses, Bills and Accounts asked for, Vaccination and Obstetric Engagements, a list of English, French, and American Medicinal Periodicals, &c. &c.

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Registration of Births, Marriages and Deaths.—If any statistical inquiry be invested with peculiar importance, it is that which ascertains the number of deaths in particular districts, examines the nature of fatal diseases, and seeks by comparing the conditions under which various forms of disease chiefly flourish, to arm the state with power to save. In twenty-six European States systems of registration are in operation, and France is at last about to institute such a system. In several of the States of this country this system is in operation, but a majority of them have not yet commenced to deal with this highest relation of statistical science to social progression. In Pennsylvania, where the system was inaugurated a few years since, we are mortified to confess, it has been abandoned, and that there is little prospect that the State will recall this retrograde step in social progress.

FOREIGN INTELLIGENCE.

Antidote to the Alkaloids of Belladonna, Stramonium, and Hyoscyamus.—A paper of unusual practical importance was read at the Medico-Chirurgical Society on Tuesday. Dr. GARROD made known that caustic alkalies destroyed the narcotic alkaloids of belladonna, stramonium, and hyoscyamus, and that even in the dilute form of ten minims of liquor potassæ to the ounce of water, the peculiar properties of henbane and the other narcotics, are completely neutralized. Thus one of our most common prescriptions is shown to be a mistake. In the discussion, Dr. Garrod announced the very important fact that animal charcoal is an efficient antidote for the three alkaloids

above mentioned.—*Med. Times and Gaz.*, Nov. 28, 1857.

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Dry Cupping in Typhoid Fever.—Affections of the respiratory organs occurring in the course of typhoid fever constitute a very dangerous complication; and M. Becher has treated them of late at the Beaujon with great success by the application of large numbers of dry cupping-glasses to the chest, and especially to the lower extremities. The number has varied from twenty to eighty cups, divided into two series, one applied in the morning, the other in the evening. The number in some patients has amounted to five hundred in ten days. Large ecchymoses form on the limbs, but these have never given rise to the least mischief; while the thoracic symptoms become effectually relieved. M. Becher declares that since he has followed this plan, the mortality of these fevers with this heretofore dangerous complication has fallen to zero; and M. Bourdon, of the Lariboisière, reports as favourably. M. Becher has not found the same benefit result in the comatose form of typhoid fever.—*Ibid.*, from *Bell. do Thérap.*, Nov. 15.

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Treatment of Intermittent Fever by Douches of Cold Water.—M. Fleury has addressed a note to the French Academy of Sciences announcing that he has treated successfully 114 persons, attacked with intermittent fever, simply by *douches* of cold water. Forty-three of these cases were recent and 71 old, and had resisted other treatment. In all these last cases, there was a swelling of the spleen or the liver, or of both, and a state of anæmia or even of cachexia. In some there was a complication of dysentery, hematuria, scurvy, albuminuria or hallucinations. No other mode of treatment had been employed but cold *douches*, and there has been only one reappearance of the disease. Only one douche has been enough to cure in some cases, never has it been necessary to employ more than five. This influence of the douche exists only when it is applied just before the fever sets in, or immediately after it has begun.—*Med. Times and Gaz.*, Dec. 12.

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Coffee and Lemon-juice in Ague.—M. Von Holsbeck draws attention to a mode of treatment he has found useful. Infuse an ounce of well-roasted coffee in three ounces of boiling water, and having strained the fluid, acidulate it with lemon-juice. The whole is given at once, five hours before the paroxysm.—*Med. Times and Gaz.*, Dec. 12, 1857, from *Presse Belge*, No. 42.

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Iodine in Obstinate Vomiting of Pregnancy.—M. Eulenberg strongly recommends tincture of iodine for obstinate vomiting. Other practitioners have tried it with varying results; but according to the experience of MM. Becquerel and Buisson, the tincture acts most advantageously when combined with iod. of pot. The following is M. Buisson's formula: Tr. iod. ʒj; Iod. pot. ʒiss; Aq. dest. ʒxxx. A tablespoonful is placed in a glass of sugared water, and this is to be divided into three doses, to be taken during the day.—*Ibid.*, from *Gaz. Hôp.*, No. 137.

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Ointment for Tinea Tarsi.—The following ointment is successfully used at the Hospital for Skin Diseases: ℞. Acet. plumbi, Oxid. zinci, Ung. hydrarg. nitrat., āā ʒj; Calomel ʒss; Axung. ʒvj; Ol. Elais Guiniensis, ʒv. M. To be applied night and morning, first thoroughly removing the crusts.—*Ibid.*

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The Caustic Mania spreading in France.—M. Maisonneuve is known in Paris as a bold, enterprising, and successful surgeon; but this very boldness is apt to make him undertake hazardous operations, and causes him to jump at conclusions when he is under the belief of having discovered a new and effective method of operating. Some time ago, this excellent surgeon was carried away by too much enthusiasm respecting a mode of curing strictures of the urethra, instantaneously, by means of intra-urethral section and immediate sudden dilatation. This mode of operating did not come off very brilliantly after a warm discussion at the Surgical Society of Paris; and now we have had the same Society called upon to discuss the value of chloride of zinc for the complete removal of cancerous breasts, with partial aid of the knife.

Whether M. Maisonneuve has borrowed the scoring method from Dr. Fell, we know not; but the French surgeon states that "he has succeeded in removing very large tumours of the breast, by a new manner of cauterizing, in the space of eight or ten days." The author plunges a straight bistoury into

the tumour from circumference to centre, and introduces into the solution of continuity thus made a piece of chloride of zinc, to which the name of "arrow" has been given. This piece is allowed to remain, and the operation is repeated all round the circumference of the tumour, at intervals of two-thirds of an inch. Pain, according to M. Maisonneuve, lasts several hours, but is not very distressing. No hemorrhage is to be feared with this caustic; and so great is its hæmostatic power, that it has been known to destroy the femoral artery without causing any hemorrhage. The caustic is considered to limit its action to morbid tissues, and never to trespass on the intercostal spaces, except the diseased parts encroach upon those regions. The author, who has hitherto handled the knife very skilfully, is so impressed with the advantages of caustics, that he ardently prays for the abandonment of the former and more general use of the latter.

But it is plain that M. Maisonneuve, before effecting such a revolution, must bring a sufficient number of facts before the profession, as has been well remarked by M. Forget in a clever article inserted in *L' Union Médicale* of the 1st December of this year. He must show, by actual cases, that erysipelas and purulent absorption, as he mentions, never occur after the use of the caustic. Cases have indeed been mentioned by M. Follin where the caustic alone (and not aided by previous thrusts of the bistoury, according to M. Maisonneuve's method) was used, with eventual erysipelas in one case, very tedious suppuration in another, and actual death in a third. It is also very difficult to understand, as has been very properly remarked by M. Gosselin, in virtue of what principle caustics should shield from erysipelas and purulent absorption, when we find that they are made to act upon tissues very deeply situated. We are taught, on the contrary, by pathologists, that abundant and protracted suppuration after burns, or following contused wounds exposes patients to purulent infection. Nor can the sojourn of sphacelated tissue for several days upon the frame be harmless. Pain is much more severe than the supporters of the caustic will allow; and a case was mentioned, at the meeting of the Surgical Society alluded to above, in which the agony was very distressing, and the patient died from hemorrhage of the axillary artery, the caustic having been carried into the armpit. As to limitation of the action of the caustic, it is a property not to be trusted; for a case was mentioned where the removal of a cancerous breast by the caustic had given rise to a pleuro-pneumonia, which had caused death. This was ascertained by a post-mortem examination. In short, in France as in England, it still remains to be shown that caustic is better, or even as good, as the knife. There is only one circumstance which might give chloride of zinc, or any other destructive agent, pre-eminence, viz., the faculty of preventing recurrence; but that has not as yet been proven.—*Lancet*, Dec. 12, 1857.

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Influence of Sickness in reducing the Strength of an Army.—Prof. TUFNELL in his introductory address makes the following interesting remarks on this subject:—

The influence of sickness in producing casualty in war may be learnt from the history of every campaign, and from none more forcibly than that recently terminated with Russia. It has too sadly demonstrated this, but it has also shown that the real security for ultimate success in war lies not so much in the number of sabres, bayonets, and artillery that we can bring into the field as in the number of men whom we can keep in the field, and these in health and vigour, during a continued struggle. The loss of life in the Crimea from wounds was as nothing to the loss of life by disease. The total number killed in action, and dying from wounds of every kind, from the date of the first landing down to the capture of Sebastopol, from first to last of the war, amounted only to 4446, and this out of an army, in the aggregate, of immense force; whilst the number withdrawn by sickness from a total of only 23,391 men, at a single period, was no less than 12,025; so that 11,367 effectives had not only to perform their own duty, but, in addition, that of 12,025 who were sick.

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Let us take, however, a more extended view still. England landed in Turkey and in the Crimea 93,901 men, of whom 30,000 were lost to the country, either dead or invalided, within the short period of eighteen months; and of these men only one out of every thirteen admitted into hospital was placed there in consequence of wounds. Of those who died comparatively few were carried off by epidemic; the rest perished by disease which was capable of mitigation, if not entirely of prevention. This destruction

of life, too, was not confined to the human species, for of the cavalry horses 401 only were killed in action, including the loss in the gallant Balaklava charge, whilst 2226 died by disease during the war.

It is a perfect fallacy, therefore, to believe that it is the enemy that should be feared in war; on the contrary, it is disease only that we need dread. These facts I have brought forward in order to demonstrate the influence which disease exerts in reducing the efficiency of an army; and also the importance of directing the utmost attention to remedial measures. These measures must of necessity devolve upon the Medical Department; wherefore it is of the greatest importance to the soldier, and to the country, that due weight and consideration should be given to it.

The improvements which have recently been made in the different forms of projectile weapons have certainly tended to increased destruction of life and limb; but the disadvantage which the soldier labours under, in this respect, he looks to you, gentlemen, to compensate him for by the improved practice of your art.—*Lancet*, Dec. 12, 1857.

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Loss of French Troops in the Crimea.—Dr. Scrive, who acted as Physician-General to the French army during the last war with Russia, has just published a book which contains a painful account of the losses and sufferings endured by the French troops landed in the East, but particularly by those engaged in the siege of Sebastopol. Of 309,278 officers and men sent from France during that short war, 200,000 entered the hospitals, and were treated professionally, 50,000 for wounds received in action, and 150,000 for diseases of various kinds contracted during the campaign. The first troops which embarked in France were attacked with cholera, which followed them to Athens, Gallipoli, Varna, and the Dobrudstcha. On their arrival before Sebastopol the cholera again attacked them, and the receptions in the military hospitals during the month of January, 1855, amounted to 9,000. They were chiefly treated for cholera, scurvy, frost-bites, and wounds of every description. Typhus fever shortly after set in. The health of the army was better during the spring of 1855, but the cholera reappeared in July, and placed 4,500 men *hors de combat*. Typhus fever set in again, and added to the mortality. On the 8th of September, Sebastopol was taken by the allied armies, but, nevertheless, between the 1st of September, 1855, and the 1st of April, 1856, of 145,120 French troops under arms in the Crimea, 48,000 entered hospitals. Dr. Scrive says that the scurvy prevailed at this period, the constitution of the men being impaired through fatigue and privations. He further adds, that the most disastrous period of the campaign, in a medical point of view, was during the months of February and March, 1856. A violent typhus, engendered by the infection of the heaps of refuse in the camp, struck down more than 19,000 soldiers at the end of the campaign, notwithstanding the precautions adopted by the medical staff. It is said that the number of sick in hospital, in proportion to the force under arms, was never so great in any former campaign. Of the medical staff, 83 physicians or surgeons fell victims to their devotedness—"an enormous figure," observes the author, "when one reflects on the small number employed."—*Med. Times and Gaz.*, Nov. 28, 1857.

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Mortality amongst the Russian Army Medical Officers.—The Russian *Medical Gazette* announces the loss of 382 medical officers attached to the army in the Crimea during the late war. The whole number of the medical staff is not mentioned; hence the ratio of deaths does not appear.

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New Process for making Bread.—Some months ago a notice appeared of a new process of bread-making, which had been patented by Dr. Dauglish, of Carlisle. The theory has been reduced to practice; and a machine on the new principle is now in operation. According to the ordinary process, fermentation is produced by the action of the yeast upon the particles of starch in the flour, thus liberating minute bubbles of carbonic acid gas which permeate the entire mass of the dough, and make it "rise." The chemical change, however, which here takes place is such that it has been estimated by M. Dumas that in France 17½ per cent. and in England 8½ to 12 per cent. is wasted by the decomposition which takes place in the process of fermentation. In the new process patented by Dr. Dauglish no yeast or baking powder is used, the rising of the dough being effected by carbonic acid gas. The idea of making bread with aërated water is not a new one; a pa-

tent was taken out for such a process some years ago, but it was then found that when the flour was mixed with the impregnated water the gas escaped before the bread had time to rise. The novelty of Dr. Dauglish's patent consists in preventing the escape of the gas from the water by subjecting the materials to an outward pressure of carbonic acid gas while the flour is being mixed with carbonated water. The carbonic acid gas is generated in such apparatus as is usually employed by soda-water manufacturers; the gas is pumped into a large reservoir, from which it is forced, as it is required, into a vessel containing water, the absorbing power of water for carbonic acid being very great. The kneading machine is a strong iron retort, fitted with air-tight lids, and provided with revolving prongs in the inside for mixing the dough. In the machine now in operation, this retort is capable of containing 40 stones of flour. Into this are put 20 stones of flour with the requisite amount of salt. A stream of carbonic acid gas is forced into the retort, and a sufficient quantity of carbonated water is admitted and well mixed with the flour and salt; the gas with which the water is impregnated being prevented from escaping by the pressure of the ambient carbonic acid gas. As soon as the flour and water are mixed, a pipe is opened and the loose gas is let out. The consequence of the pressure being taken away from the surface of the paste is, that the gas which was held in solution by the water operates in precisely the same manner as the gas in a bottle of soda-water when the cork is removed, the dough rises and fills the retort, occupying twice as much space as before. The bread is then ready for being worked into loaves—the only operation that will necessitate handling. The rising can be regulated by the pressure of gas; so that, did the strength of the machinery permit, the bread might be made of almost any lightness. The pressure of the gas, and the quantity of water admitted, are regulated by gauges.—*Med. Times and Gaz.*, Dec. 12, 1857.

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Insanity and Crime.—The Courts of Law constantly afford proofs that among young children there is a form of insanity which, beginning in what might be termed mischief-diseaae, ends in offences against human life of the most fearful kind. The newspapers, this week, afford some examples of offences of this kind, committed apparently without the slightest provocation. The first and most extraordinary instance we find quoted in a continental journal. A little boy, not more than nine years of age, having enticed five of his companions into a large box, shut the cover down, and sat cross-legged upon it, seeming to enjoy the groans of his expiring playmates. After he had discovered by inspection that they were all dead, he proceeded to a field, and flew his kite, apparently without one pang of remorse for the dreadful murder he had just committed! In the Lambeth Police Court, on Tuesday, an inquiry took place respecting a similar unpremeditated and unmeaning attack upon human life, made by a lad named James Reynolds, sixteen years of age. It appears that, a fortnight since, he was seen, without the slightest provocation, to take up a child of seven years of age, and throw it into the Surrey Canal; and then, as if to make the crime more marked, he went to the person who had charge of the little one, and informed her that it was drowned. The child was fortunately rescued; but the act was completed as far as lay in the power of the lad. We do not know what course will be taken with the perpetrator of the fivefold homicide, for we cannot call it murder; but in the latter case the lad was fined £5, and, in default, two months' hard labour! Now, there can be no matter of doubt that both offenders were labouring under a certain form of madness; and to fine, or to punish them by a slight term of incarceration, is absurd. They should be removed permanently from society; if not, we may expect to hear of a repetition of these fearful acts. It is one of the maxims of law, that it is necessary to prove some motive for the perpetration of an extraordinary offence; but the insane perform the most extraordinary acts without the slightest shade of motive, speaking in a natural sense; and in the latter of these cases we have an apt example of the errors lawyers may commit, unenlightened as they are by the truths of psychological medicine.—*British Medical Journal*, Nov. 21, 1857.

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A Variorum Edition of the Siamese Twins.—At the meeting of the Academy of Medicine of the 28th ult., a most curious phenomenon in embryogeny was communicated by Dr. Depaul. A woman, aged twenty-nine, already the mother of five

children, living in the Rue des Poulies, at St. Denis, has given birth to a double monstrosity. It consists of twin children, joined together, and in some respects resembling that of the Siamese twins, but differs from it in other points of physiological detail. These twins are united, not by the side, but in the median line, from the umbilicus to the pubis exclusively. This prevents them from being suckled naturally; for it were impossible to give the breast to one without stifling the other. They are fed, therefore, from the bottle. These two children offer, as we have said, striking physiological differences. Thus the one has blue eyes, the other brown. They do not sleep at the same time; and it happens but too often that the one begins to cry when the other falls asleep; the immobility of the one seems to excite in the other wilful impulses of locomotion and of turbulence. In one word, and contrary to what was seen with the Siamese twins, who appeared to have but one will, and simultaneously performing the same acts, these twins are in constant opposition to each other.—*Lancet*, Nov. 14, 1857.

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General Hospital at Vienna.—By the new regulations, this vast establishment is divided into twelve sections—viz., six for the treatment of internal diseases, three for surgical affections, and three for the specialties, syphilis, skin diseases, and eye diseases. Over the whole Dr. Helm, the Medical Director, is placed; and each of the twelve sections has its first physician, second physicians of the first and second class, and aspirants. The whole of these medical officers sleep within the walls of the establishment, as far, at least, as the accommodation permits. The first physician and surgeons are not allowed, except with the sanction of the Minister, to undertake any professional occupation. This rule, not being retrospective, does not embrace Professors Hebra and Sigmund, who are engaged in teaching. On the 14th October there were 1,844 indoor patients under treatment.—*Med. Times and Gaz.*, Nov. 21, 1857.

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Subjects in Vienna.—During the last fortnight the Medical professors and students at the General Hospital of Vienna have been in a state of great excitement and irritation. The Archbishop of Vienna not long since gave orders that all the persons who died in the various Hospitals, and in the Lying-in and Foundling establishments, should be buried without either post-mortem examination or dissection; and the consequence of the measure is that, during the last ten or fifteen days, there has only been one subject in the great dissecting halls of the General Hospital. Vienna was proud, and had good reason to be proud, of its Medical School, but the Concordat has given into the hands of the clergy the power to ruin its reputation. According to a decree of Joseph II., the body of every person who died in the public Hospital was to be opened or dissected, as the case might be; but the imperial ordinance has, *de facto*, been abrogated by the Cardinal Archbishop of Vienna.

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Dr. Scoutetten.—Dr. Scoutetten, chief medical officer of the Military Hospital at Metz, has just received from the Emperor of Russia the cross of the second class of the order of St. Stanislaus, as a special testimony of the regard of Alexander II. for the attention the doctor paid to the Russian prisoners during his stay at Constantinople, as the head of the French hospitals.

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MM. Andral and Bérard.—M. Andral, Professor of Pathology and General Therapeutics, and M. Bérard, Professor of Physiology to the Faculty of Medicine of Paris, have been authorized, on account of their bad health, to decline lecturing during the first *semestre* of 1857-8. M. Laséque is to act as M. Andral's substitute, and M. Beclard as M. Bérard's.

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Medical Reform.—It would be a happy day for medicine which inaugurated so radical a reform as that all future members of the profession should possess a degree in arts. At present, however, it would be almost Utopian to expect to accomplish an undertaking of so great a magnitude. Permanent and healthy advances are not made *per saltum*, they grow out of the steady pressure of a public opinion, the growth of which is itself slow and gradual. It is not by sudden transition, either in the moral or the physical world, that the highest developments are reached. So we must endeavour to help on the tendency of the times rather to push forward to an advance for which society is hardly as yet prepared.—*Lancet*, Dec. 12, 1857.

Influenza in England.—Influenza in an epidemic form, it is stated (*Med. Times and Gaz.*, Dec. 5, 1857), is threatening England as it did in 1847. As a precursor of cholera, this disease should be watched with peculiar interest. Diphtheritis is also spreading over the country.

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Medical Students in Paris.—The number of medical students taking out inscriptions for 1857–8 amounts to 901 for the Doctorate, and 126 for the grade of *Officier de sante*—total, 1027. The number of new inscriptions amounts to 158. Last year the total was 1000, of which 126 were new. The following is a comparison of the last eight years:—

1850 . .	1223 inscriptions	429 new	
1851 . .	1300	"	313 "
1852 . .	1437	"	334 "
1853 . .	1055	"	158 "
1854 . .	964	"	151 "
1855 . .	966	"	180 "
1856 . .	1000	"	126 "
1857 . .	1027	"	158 "

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Medical Students in Dublin.—The number of medical students in Dublin who have entered for dissections during the present session is 473; to these may be added about 100 attending on lectures but are not dissecting, and it will show the whole number of medical students to be about 573.

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Yellow Fever at Lisbon.—Since the 9th of September last, yellow fever has raged in Lisbon, and during one hundred and five days 13,482 cases occurred, with 4,759 deaths. The last cases were reported on the 22d of December, and the plague was apparently stayed by the setting in of cold weather. Twenty years ago, it was generally believed that yellow fever, in its virulent epidemic form, was confined to intertropical regions; but, of late years, it has crept along the coast of America to places where it was formerly altogether unknown, and has now attacked, in a malignant form, a city of Europe, situated in latitude 38° 42′. The French authorities have therefore taken the alarm, and wisely adopted precautions to avert, if possible, the outbreak of the disease in France. The lazarettoes, which have been long disused, are preparing for the reception of invalids; and Dr. Melier, Inspector-General of the French sanitary services, is making a tour of the ports, and adapting rules in each of them for the due establishment of quarantine. One large transport ship, which arrived from Senegal with 186 invalids on board, has been prevented from landing her passengers at Brest, because she had unfortunately entered the Tagus on her passage, although no yellow fever appeared on board. In such cases, the International Sanitary Convention decrees that ten days must elapse without the occurrence of yellow fever between the touching at an infected port and the removal of quarantine.—*Lancet*, Jan. 9, 1858.

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Cholera.—This disease is very prevalent and fatal at Bagdad.

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Prizes.—The Academy of Medicine of France has adjudged the Civrieux Prize of 1,500 francs to M. Max Simon for his essay on "Nervous Vertigo;" and the first Capuron Prize of 1,000 francs to Mr. Mordret for his essay on "Sudden Death in the Puerperal State." Twenty-two essays were presented for the Argenteuil Sexennial Prize of 12,000 francs, for the greatest improvement in the treatment of stricture; and the Committee were obliged to postpone its report until next year.

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Faculty of Medicine at Paris.—M. Marc See, as the result of a brilliant *concours* just concluded, has been appointed to the important post of *Prosector* in the Paris Faculty.

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Sydenham Society.—We regret to announce that this Society has been dissolved. Great efforts are, however, being made to reconstruct it. Should these be successful, as we sincerely hope they may, the works which will be issued will be more modern, and of a more practical character than those issued by the old Society.

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Obituary Record.—Died, at Acton, on the 2d of January, 1858, Forbes Royle, M. D., formerly Professor of Materia Medica at King's College, and author of the well known manual of Materia Medica.

—— At Georgetown, British Guiana, in November, 1857, Daniel Blair, M. D., the author of a most valuable and elaborate paper on yellow fever.

—— On the 27th of December, 1857, M. Baudens, one of the chief Medical Inspectors of the French army.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Quinine in Typhoid Fever.—We had the opportunity of seeing a case of typhoid fever on January 14, at St. George's Hospital, under Dr. FULLER's care, which was being treated by quinine. The patient was a little boy, eight years old, who was admitted with well-marked symptoms, but whose previous history was imperfect. He had a very distinct mulberry rash over his body. Ten grains of quinine were ordered the first day every two hours, and the change produced in the general symptoms was positively striking; the pulse came down, his skin was cool and moist, diarrhœa ceased, and his tongue was moist. As this was the case, Dr. Fuller did not desire to push the large doses (he had taken three only), but continued the medicine in two-grain doses three times a day, with four ounces of wine, and the little fellow is going on well. This is the third case in which this plan of treatment has proved successful in Dr. Fuller's hands; it has been employed elsewhere with great benefit.—*Lancet*, Jan. 23, 1858.

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Conium in Indurations of the Tongue — Conium in very large doses is a favourite remedy with Mr. LLOYD, of St. Bartholomew's. An interesting case has been recently discharged from his care, in which an indurated lump in the tongue very markedly softened down under its use. The patient was a married woman, aged 47, who had had several miscarriages, but no living children. Her aspect was suggestive of syphilis, but there were no positive facts either in the history or existing symptoms.

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

When we saw her last, she had taken the conium (in doses of five grains, gradually increased to a scruple, three times daily) for several months, and the induration, which had been large, and had occupied the centre of the organ, had all but vanished. It had been suspected, at first, to be of malignant nature.—*Med. Times and Gaz.*, Jan. 2, 1858.

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Antimony in Delirium Tremens.—Mr. Paget has recently employed antimony in combination with opium in the treatment of some cases of the more sthenic form of delirium tremens under his care in St. Bartholomew's, and has expressed himself well satisfied with the results. The practice is, of course, nowise novel, but it is an important one to be borne in mind. The experience of many bears out the fact, that in cases in which opium alone does not succeed in allaying nervous excitement, the addition of salines or of ipecacuanha often will. Thus a much smaller dose of the narcotic will be required for a given effect. We need hardly add that the combination of antimony with opium was a very favourite one with Dr. Graves.—*Ibid.*

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Employment of Sugar in the Dyscrasia attending Bronzed Skin.—Dr. Todd, in a case of bronzing of the skin, now under his treatment in King's College Hospital, has ordered the free dietetic employment of sugar. The patient, a woman, is believed to have derived considerable benefit from it in relief to the *malaise* and debility from which she suffered. The theory of the treatment is, we believe, based on the belief (founded on analysis of the blood) that the sugar-making function of the liver is interfered with by the disease. The suggestion is certainly well worth a trial, since the treatment can at any rate do no injury.—*Med. Times and Gaz.*, Jan. 23, 1858.

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Permanganate of Potash as an Astringent.—Mr. Lloyd, in some remarks to his class the other day, in his Syphilitic Ward at St. Bartholomew's, spoke very highly of the good effects which he had obtained from solutions of the permanganate of potash used in cases requiring astringents. We understand that the same remedy is much employed at the Liverpool Infirmary for the removal of fetor from sloughing wounds, etc. The power of the solution as a preservative fluid, is well known. Mr. Lloyd stated that he had begun with five grains to the ounce, but increased it to a drachm. In one case of very chronic leucorrhœa, in which the lips of the os uteri were swollen and spongy, it had effected a complete cure, after many other remedies had wholly failed. It is being used at St. Bartholomew's as an application to warts, etc.—*Med. Times and Gaz.*, Jan. 9, 1858.

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Manipular Reduction of Dislocations of the Femur.—A fortnight ago, no fewer than three cases of dislocations of the femur were admitted during one week into the London Hospital. Pulleys were not used in any one, nor was it necessary to send for the surgeon under whose charge they nominally came. In the first, Mr. Forbes, the House-Surgeon on duty, informs us that he succeeded easily by simple extension with the hand; and, in the other two, the plan by manipular rotation, to which we have so often adverted, was had recourse to. In both, an immediate and easy reduction was effected. All the cases were recent. The testimony concerning the superior advantages of this over the old and more violent methods, is now generally acknowledged. Not long ago, a lengthy report of numerous and most successful trials of it appeared in one of the American journals.—*Med. Times and Gaz.*, Dec. 26, 1857.

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Unusual Dislocation of the Femur.—An opportunity for examining a rare form of dislocation of the femur occurred the other day at the London Hospital. A moderately stout man, aged 50, had been admitted, under Mr. Luke's care, after having fallen into a dry dock. A dislocation of the left femur was easily diagnosed, but the symptoms were peculiar, inasmuch as the limb was lengthened one inch, without either inversion or eversion; yet the head of the bone could be easily felt, and was thought to be in the ischiatic notch. By manipular movements, reduction was easily effected about an hour after the accident. The man subsequently died from the effects of broken ribs. At the autopsy, Mr. Forbes, the House-Surgeon, before dissecting the parts, again dislocated the bone. This was done with ease, and it was clear that the original form of dislocation had been reproduced, as the bone could not be made to assume any other position. The head of the bone proved to

be displaced neither into the ischiatic notch nor the thyroid hole, but midway between the two, immediately beneath the lower border of the acetabulum. The gemellus inferior and the quadratus femoris had been torn, the ligamentum teres had been wholly detached, and there was a laceration in the lower part of the capsular ligament. These irregular forms of dislocation of the femur appear, judging from the recent experience of our Metropolitan Hospitals, to be far from infrequent. The fact is, the head of the femur may rest anywhere outside the brim of its acetabulum, and does not by any means necessarily slip into one or other of the positions which had been allotted to it under such circumstances in surgical classifications. It is an important feature in the plan of treatment by manipulation that an accurate diagnosis, as to exact position, is by no means necessary to successful reduction.—*Med. Times and Gaz.*, Jan. 2, 1858.

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Death after Excision of the Knee-Joint.—About a month ago, Mr. PRICE excised the knee-joint in the "Great Northern Hospital," on account of rectangular anchylosis. The patient, a lad of 19, was in good health, and all disease in the joint had long subsided. It was therefore an *operation de complaisance*, and we regret to have to add that it has been followed by a fatal result. The poor fellow sank under double pleuro-pneumonia on the thirtieth day after the operation. The chest symptoms set in on the seventh day, and excepting some sloughing of the skin, the parts concerned in the excision had been doing favourably. The bones were in good position throughout, but a portion of the femur was bared of periosteum. The alternatives of the procedure which was adopted, would have been either to have amputated below the knee, or to have allowed the lad to remain as he was, with a stump fitted to the knee, and the leg projecting behind.—*Med. Times and Gaz.*, Jan. 16, 1858.

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Puncture of the Head in Hydrocephalus.—This operation is resorted to with extreme rarity in London practice. On Tuesday last, Mr. LAWRENCE adopted it in a case of much interest. The patient was an infant, aged nine weeks, the subject of congenital hydrocephalus. Part of the bones of the skull were separate from each other, and their margins could be easily felt. The chief protuberance was backward, the forehead being very slightly enlarged. The symptoms had become urgent, the child being dull, and almost in coma, and its eyes fixed and motionless. A small trocar was used, and about eight ounces of clear serum removed. The operation was borne remarkably well, and was productive of great immediate relief. No irritation whatever appeared to have been caused, nor was there any tendency to syncope. The mother was allowed to take the child home in the evening, and up to the time of its removal, all seemed to promise well. We shall advert to the final result at a future time. The fluid removed was albuminous, of sp. gr. 1009, very alkaline, and effervesced on the addition of acid.—*Ibid.*, Jan. 2, 1858.

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Stricture of the Urethral Orifice following Amputation of the Penis.—A very instructive case has recently left Mr. ERICHSEN's wards in University College Hospital, illustrating the necessity for the care which surgeons devote to prevent the urethra from contracting after amputation of the penis. We have often had occasion to allude to the different expedients: free removal of integument, cutting through the corpora cavernosa, higher up than the corpus spongiosum, introduction of a seton, etc., which are adopted by different surgeons with this object in view. In the case alluded to, the penis had been amputated six years ago for cancer, and the man, now aged 73, came under Mr. Erichsen's care in November last, on account of a stricture at the orifice which had resulted, and as the consequence of which extravasation of urine had occurred. There were no fewer than seven fistulæ in the perineum, and much adjacent induration and thickening. All attempts to cure the fistulæ by dilating the constricted orifice having failed, perineal section was performed, with the intention of securing a single direct and central false passage. The man recovered well, and has been very greatly relieved by the measures adopted, most of the old fistulæ having already closed, and the irritation subsided.—*Med. Times and Gaz.*, Jan. 9, 1858.

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Singular Accidents.—Two singular accidents presented themselves in the out patient's room. One was dislocation of the humerus into the axilla, with fracture of the clavicle on the same side—a complication

very rarely observed. The other was a dislocation of the jaw, on one side only, from yawning. The patient was an old man. The dislocation was, as usual, very easily reduced.—*British Med. Jl.*, Dec. 26, 1857.

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Traumatic Tetanus.—A case of tetanus occurred here a short time since, in which the disease presented the peculiarity of having followed a mere blow on the nose. It terminated fatally in a fortnight with persistent trismus, but only one attack of general spasms. The treatment was by musk and opium.—*British Med. Jl.*, Dec. 26, 1857.

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Use of the Ecraseur in Ovariotomy.—In a case of ovarian tumor at the Samaritan Hospital, last Tuesday, Mr. SPENCER WELLS proposed to use the écraseur for the division of the peduncle, should it prove, after exploratory incision, that the sac or tumour was non-adherent. The tumour was a very large one, and interfered materially with the respiration and comfort of the patient, an unmarried young woman. Mr. Wells made an exploratory incision between two and three inches long in the linea alba, commencing an inch below the umbilicus, opening the peritoneum carefully upon Mr. Key's broad hernia director. Then, instead of finding the sac, as usually happens, some folds of small intestine, distended with gas, appeared in the wound. On introducing the finger, the tumour was felt behind several other folds of intestine. It was movable, but it would have required so large an incision to reach it, and so much manipulation of the intestine, that it was determined to close the wound at once. Up to Thursday afternoon, the patient was going on well, not having had a bad symptom. A curious point of diagnosis was brought out in this case. The abdomen was quite dull on percussion at the very spot where the incision was made, and where the distended intestine was interposed between the tumour and the abdominal parietes. This fact was completely established by Dr. Routh, Dr. Graily Hewitt, and others, even after the closure of the wound, so that, had the cyst been tapped without an exploratory incision previously, it is quite certain the trocar would have gone through a fold of intestine. The écraseur seems likely to prove of great use in ovariotomy, as the ligature of the peduncle and the consequent death of the stump are doubtless causes of the peritonitis which so often leads to a fatal result. This case of Mr. Wells's is most likely the first in which the use of this instrument has been proposed, with the exception of a case of Dr. Snow Beck's, some months ago, in which Mr. Wells also proposed the exploratory incision and écraseur, but which was afterwards treated by iodine injection.—*Med. Times and Gaz.*, Jan. 2, 1858.

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More than a hundred Nævi on the same Infant.—Nævi, as is well known, not unfrequently occur two, three, or more on the same subject. A case, however, in which their number has exceeded what we have either ever witnessed or noticed on record, has been under observation amongst Mr. HUTCHINSON'S out-patients, at the Metropolitan Free Hospital, for some months past. When first brought, the infant, a healthy boy, was three weeks old. His scalp, face, shoulders, body, and upper parts of the anus, were literally covered by a scattered crop of bright, cutaneous nævi. These varied in size from a four-penny-piece to a split pea, or even smaller, but the smallest, from the peculiarly bright and florid hue, were very conspicuous. Some of the largest were on the face and scalp. All of them were well circumscribed, and quite distinct from each other, and all appeared to be limited to the most superficial layers of the skin. The infant's appearance was very remarkable. Its mother stated that a few of the marks had been noticed on the day of birth, but that these had increased in size, and that many others had since come out. During the first week or two of her attendance at the hospital, the efflorescence continued, and on the third visit, an attempt being made to count them, they were found to number upwards of a hundred and fifty. The largest were now about the size of sixpences. The treatment pursued consisted in applying a little of the compound iodine ointment once or twice a day to the spots separately, and in the course of a few weeks this appeared to be exerting a very perceptible influence. It was steadily continued, and now, after the lapse of six months, not more than a dozen remain, and those mostly on the scalp. It is intended to apply the nitric acid to these remaining ones, should they not diminish. The infant has retained excellent health, and the ointment (which is a favourite with Mr. Hutch-

inson for this purpose) has never caused any material irritation to the skin.—*Lancet*, Jan. 16, 1858.

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Rapid Death from a Laceration of the Kidney.—The very rapidly fatal effects of a laceration of the kidney from contusion were well exemplified by a case which occurred a short time ago under the care of Mr. Paget, in St. Bartholomew's. A little girl, previously in excellent health, was admitted, having been run over by a cart, the wheel of which was stated to have passed over her back. There were no external marks of bruising. She was pallid, pulseless, and in deep collapse. Death followed ten minutes after admission, and twenty from the time of the accident. At the autopsy, the chief injury found was an extensive laceration of the right kidney. There was also a small quantity of blood in the right pleural sac, although no fracture of the ribs or laceration of the lung could be detected. The intestines were uninjured, and there was no ecchymosis about the lumbar region. The profound collapse in this case, and the rapid death, are features which present a very marked difference from what usually follows rupture of the bladder. After the latter accident, so contrary from what might have been expected, the evidences of shock are often very slight, and the supervention of serious symptoms long delayed. In the one case, however, it must be remembered that death ensues directly from the shock consequent on injury to a large and highly organized viscus, whilst, on the other, it is merely secondary, and dependent upon the extravasation of the contents of a hollow organ, which is of itself fairly tolerant of violence.—*Med. Times and Gaz.*, Jan. 16, 1858.

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Diagnosis between Cancer and Condylomata.—A young married woman is now under Mr. Lloyd's treatment in St. Bartholomew's, whose case well exemplifies the need for great care in expressing opinions as to the nature of growths which have the slightest resemblance to cancer. She was originally admitted about nine months ago, for some small indurated tubercles on one labium, not at all dissimilar from condylomata, of more than usual hardness. There were three, and they were quite distinct from each other. This fact, together with the patient's age and good state of health, induced many to believe them of syphilitic origin. Mr. Lloyd, however, held a contrary opinion, and determined to excise them. This was done, and on microscopic inspection the elements of epithelial cancer were detected in abundance. The woman left the hospital well, but she has now returned, with a recurrence of undoubted cancerous ulceration in the same site. The glands in the groin, being enlarged, have been excised.—*Med. Times and Gaz.*, Jan. 2, 1858.

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Rules respecting the Treatment of Primary Syphilis.—It seems to be now pretty generally acknowledged, in hospital practice, that mercury should be given only in those cases in which the chancre presents marked induration, and that in all others secondary symptoms should be waited for before having recourse to specific treatment. In a large majority of sores not attended by induration, no constitutional phenomena will follow; and to discriminate between those likely to be so followed and the harmless class, is admitted to be impossible. There is, therefore, no alternative, except we would give mercury very often unnecessarily, but to wait in these cases until the real nature of the affection shall have been made manifest. In the non-indurated class, local stimulants, as sulphate of copper, lunar caustic, or the acid nitrate of mercury, are the old and still favourite remedies. If the chancre be seen within a week of its origin, whether induration have already commenced or not, we believe most surgeons would destroy it freely either by nitric acid or some other caustic.—*Med. Times and Gaz.*, Jan. 16, 1858.

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Onychia Maligna usually a Syphilitic Disease.—Two very instructive cases of the so-called "onychia maligna" have recently been treated by Mr. Hutchinson at the Metropolitan Free Hospital. In the first of the cases referred to, a girl, aged 9, was sent by the surgeon whom she had attended to have her right thumb amputated, on account of a most severe form of the affection. The history given of her infancy was suspicious, but by no means positive. The result of treatment, however, fully bore out the diagnosis; for, although no benefit accrued during the first ten days of the mercurial (and indeed the ulceration threatened to become phagædenic), yet, no sooner was the constitution brought under the influence

of the remedy than the most rapid healing resulted. Dusting of chlorate of potash into the sore was the only local application which had been used, and to it, perhaps, some part of the credit should be given. The thumb end still remains clubbed and unsightly, but a new nail has partially formed, and in time the thickening will no doubt subside. The second case was a much more valuable one as regards positive evidence as to its pathology. A child, three years old, was brought to the hospital, presenting an onychia maligna of well-marked features, which had followed a slight trap of the thumb in the door. Her mother stated that she had been Mr. Hutchinson's patient in infancy, and on referring back to the notes it was found that when a few weeks old, she had been treated for congenital syphilis. This recorded fact was the more valuable, because, excepting the onychia, there was nothing in the child's present appearance which would have suggested a suspicion of hereditary taint. It was evident that the injury received had merely been the means of exciting and localizing a latent predisposition. Mercurials were prescribed, and the thumb soon got well. It follows as a consequence, that if this pathology of the disease be the correct one, amputation is never necessary. It has been long acknowledged by many surgeons that onychia maligna in the adult is an occasional though very rare symptom of acquired constitutional syphilis. Mr. Hutchinson holds confidently that this affection, when met with as it usually is in cachectic children, is, in a vast majority of instances, a manifestation of hereditary syphilitic taint, and curable by mercury.—*Ibid.*

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Fœtidity of the Contents of Hæmatocele.—It is perhaps as well to remember that the contents of old hæmatoceles frequently assume more or less of the character of feces, as the practitioner is sometimes alarmed on cutting into such a tumour at the aspect of the contents, and is led for a moment almost to question the accuracy of a diagnosis which has perhaps been most carefully made. We have ourselves seen matter evacuated from such a tumour so exactly resembling the contents of the small intestine, as to cause even the very experienced surgeon who was operating to involuntarily start back, though, of course, he speedily reflected that the mistake was impossible in the case before him; and we have also dissected such cases in the dead-house. A case even more striking occurred here, a few days ago, in a man who had both hernia and hæmatocele, and where (the hernia having been reduced), the surgeon proceeded to open the hæmatocele. The incision was followed by the escape of a gush of fetid air, causing the bystanders to imagine that the gut was opened. The man recovered without any bad symptoms. The presence of air in such degenerated blood-swellings, is a fact which is new to us.—*British Med. Journ.*, Dec. 26, 1857.

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Excisions of Portions of the Iris in Cases of Glaucoma.—This new operation originated by Dr. Graefe, of Berlin, and has been practised by him, it is said, on a very extensive scale. Its principle, however, as we shall have to show, has not been wholly overlooked by former ophthalmic surgeons, though none certainly ever proposed so bold a manner for its carrying out. It has long been well known, that in certain forms of ophthalmia, some chronic, and others very rapid in their course, the globe coincidently with intense pain, and loss of sight, becomes very hard, its humours meanwhile undergoing a peculiar loss of translucency. In these cases, it is evident that there is increased tension from increase of the fluid contents of the strongly incapsuled globe. To relieve this tension by paracentesis, has long been acknowledged to be an important aim in their treatment, though now, in looking back on actual practice, it must be acknowledged as strange that so palpable an indication was very rarely carried out. It had, however, its strenuous advocates. Without stopping to inquire in what tissue of the eye the primary inflammation occurred, it will be sufficient for our present purpose to state that the increased tension of the whole globe was an amply abundant explanation of the loss of vision, without supposing any actual disorganization of the retina. The disease we allude to has been known, for want of a better, by the name of glaucoma, acute or chronic as the case might be, the acute often destroying sight in a few days, the chronic requiring as many months.

Now it is in these cases that Graefe had advised the bold measure of a free incision into the eye, the evacuation of the whole of the aqueous humour, and the removal of from a fifth to a third of the iris. In ex-

plaining its good effects as due to relief of tension, we beg to be understood as offering what has appeared to English observers the most probable, not as representing its originator's views. The mode in which Graefe performs the operation is by passing a Beer's cataract knife into the sclerotic, about a line's distance from the margin of the cornea on the outer side, and having directed it forwards into the anterior chamber, cutting upwards so as to make an incision nearly half an inch in length. Through this the iris readily prolapses, or if it do not, is easily drawn by forceps, and a portion of it, varying from a fifth to a third of its whole, is cut away. The remains of the prolapsed iris is left in the wound. This is a fair description of the operation, as we have repeatedly seen it performed by Mr. Bowman, who was, we believe, the first to adopt it in this country. Mr. Bowman, however, prefers, instead of operating on the outer side of the eye, to cut obliquely upwards. This secures that a portion of the large, unshapely pupil shall be concealed under the upper lid. Mr. Critchett has endeavoured to carry out what he believes to be the principle of Graefe's, by a somewhat simpler procedure. He merely punctures the cornea, and draws out a portion of iris, performing, in fact, an operation for a large artificial pupil. He leaves the iris in the wound, holding that so left it secures a certain amount of draining away of the aqueous humour, acting as a sort of tent in preventing the healing of the wound.

Of operations of this class, performed more or less exactly after one or other of the methods described, probably not fewer than twenty have been done at the Moorfields Hospital during the past nine months. Both Mr. Critchett and Mr. Bowman have also, we believe, repeatedly operated in private in the same manner. Of the hospital cases careful notes have been preserved, and will no doubt be brought before the profession in due time. Meanwhile, as regards results, we believe we may state that in cases of acute glaucoma, those, for example, in which the sight has been very seriously damaged, in the course of twelve hours, or, at most, a few days, the operation is of the greatest possible benefit. Its introduction into practice is to be hailed the more gladly, because it is generally acknowledged that, in this affection, constitutional treatment is of very little avail. The only expedient really efficient for its relief formerly known, was paracentesis of the globe, and of this, if not repeated at frequent intervals, the benefits, as might be expected, were too often only temporary. It did not secure a sufficient permanent escape of fluid from the over-distended globe. In all the cases of acute glaucoma in which we have seen it practised, the relief to pain has been prompt and complete, whilst, in most, the sight has been much improved. It would appear that improvement in vision may be expected to continue for two or three weeks afterwards, when, if the case has done well, it becomes stationary and permanent. Of the advantage of the operation in cases of chronic glaucoma, by far the larger class, we must speak much more cautiously. Some cases have seemed to derive benefit, others not. The matter is yet *sub judice*. Enough has, however, certainly been proved in favour of the operation to merit for it a patient trial from British ophthalmic surgeons. The disease, be it remembered, is one otherwise hopeless, or nearly so.

One acute case in which Mr. Critchett operated, made a deep impression upon us, as demonstrating that the defective vision does really, in a large measure, depend upon over-distension, and that upon the escape of fluid depends the relief obtained. A healthy looking man, of about 35, had lost the left eye from an injury some years ago. His sight with the right had been perfect until within a few days of his admission, when intense pain suddenly set in, and he rapidly became almost blind. The surgeon whom he consulted pushed a rapid course of mercury to slight ptyalism, but without benefit, and then sent him to Mr. Critchett. The globe was then tender, very hard, intensely painful, and all its humours looked muddy, and of a greenish-yellow. He was at once placed under chloroform, the lost eye excised, and inflamed one operated on after the manner described. The restoration of transparency to the humours was immediate on the escape of the aqueous, a slight film on the capsule of the lens, however, still remaining. All pain was relieved, and during the next three weeks the man's sight continued steadily to improve.

Mr. Bowman states that he has noticed, almost invariably, even in chronic cases, that mobility is restored to the pupil by the operation, where it has been lost before.

Here for the present we leave this inte-

resting subject, hoping soon to see from the pen of one or other of the surgeons mentioned, an authentic and detailed account of their experience respecting it.—*Med. Times and Gaz.*, Jan. 9, 1858.

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On the long-continued Use of Belladonna.—A class of cases in which these solutions are exceedingly useful, are those in which either a central opacity of the cornea exists, or the iris is tied down by adhesions, and the pupil partially obliterated. Under either of these circumstances, artificial dilatation of the pupil often suffices to afford to the patient vastly improved vision. These objects the solution of belladonna or of atropine will accomplish for any length of time. The fact is well vouched for by writers, and is frequently confirmed in practice, that habit does not diminish its influence. We have known patients continue its employment for ten years or more, its activity being just as apparent at the end of the time as at first, and no increase in the strength of the solution having been required. It may, perhaps, be deemed rather clumsy practice to set a man to put drops into his eye every day for the rest of his life, when a simple operation for artificial pupil might at once secure the object desired; but still, there are circumstances, and those not of unfrequent occurrence, in which the former practice is preferable to the latter. The one requires a skilled operator, whilst the other is devoid of the slightest risk, and open to the adoption of any one. At any rate, it is to be regretted that the efficiency of the plan by the permanent use of belladonna is not more widely appreciated than it is. The cases scattered up and down the country are probably not a few in which great benefit would be derived from its adoption.—*Ibid.*

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Suppuration of the Eyeball in connection with Gout.—There is at present a poor man attending Mr. Critchett's out-patient clinique at the Moorfields Hospital, in whom suppuration of the globe has followed repeated attacks of gouty inflammation. He is of very cachectic appearance, and of 58 years of age. His father was liable to gout, and for the last twenty-three years he has himself suffered from it, generally twice a year. Formerly, it used to attack his feet, but, for the last five years, it has confined itself to the hands. The joints of the fingers are much thickened and crippled by deposit. Five years ago, the right eye was first attacked, and in the course of repeated inflammations during the three following years it was so far damaged, that there remained but the merest perception of light. In this condition it remained quiescent for two years, when the acute and destructive attack set in. He was admitted under Mr. Critchett's care on December 4, the affection having then lasted three weeks, and the globe having already suppurated. The sclerotic gave way on its outer side, and about three weeks later the lens escaped. The inflammation was most intense, the lids being very much swollen, and of almost livid redness. Colchicum and alteratives were first used, and subsequently quinine. The globe has now partially collapsed, and the effects of the attack are slowly subsiding. Gouty iritis is by no means a rare affection, but for suppuration of the globe to occur in connection with the arthritic cachexia is, we suspect, extremely unusual.—*Med. Times and Gaz.*, Jan. 16, 1858.

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Slitting up the Lachrymal Canals.—The practice of slitting up the lachrymal canals and their orifices, originally introduced by Mr. Bowman, for the treatment of certain cases of epiphora, still continues to be extensively employed at the Moorfields Ophthalmic Hospital. It is adapted to all cases in which either the punctum is narrowed or displaced outwards, and these constitute a very numerous class. In almost all cases of long-continued tinea tarsi, in which, by degrees, the thickening of the lower lid has everted its edge, this simple procedure relieves the patient of his most troublesome symptom. Mr. Critchett has recently had made some grooved steel probes for this operation, which materially facilitate its performance. The silver ones formerly employed being necessarily very small, were unsteady as guides to the point of the knife. The steel ones, on the contrary, give it good support, and their groove is of great advantage in securing that it shall glide easily in the right direction. To secure smoothness of surface, and prevent rusting, the steel probes are gilt. A Beer's knife is the best, and with these instruments the operation is one of extreme ease.—*Med. Times and Gaz.*, Dec. 26, 1857.

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Syphilitic Ulceration of the Retina.—The revelations of the ophthalmoscope bid fair

to add a peculiar form of retinitis to the acknowledged *rôle* of symptoms due to constitutional syphilis. A fortnight ago, we noticed a very interesting case, in which lymph had been seen deposited on the retina of an infant, the subject of hereditary syphilis. A few days afterwards, Mr. CRITCHETT admitted a second case, in which a girl, whose history and appearance led to the belief that she was the subject of the same kind of taint, was losing sight in both eyes, from the punctate effusion of lymph on the retina. Two other cases are attending Mr. Critchett's clinique, in which, in connection with acquired syphilis, retinitis with effusion has occurred. In one, the effusion is in the form of isolated white dots; but, in the other, the whole visible extent of retina is cloudy and opaque, the optic nerve itself being but dimly seen. It is worthy of note, that in neither of these cases has there been any iritis or affection of the anterior parts of the globe.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Surgery in San Francisco.—Dr. E. S. COOPER, of this city, has recently ligated the primitive carotid artery in two cases—the external iliac in one, the axillary in one; removed a large fibro-cartilaginous tumour from the uterus; made the Cæsarean section in one; exsected parts of three ribs, and removed a foreign body from beneath the heart; exsected the sternal extremity of the clavicle, and a portion of the summit of the sternum, together with the exsection of nearly all the joints, in different cases, all successfully.

This embraces a list of formidable operations, which, being attended with favourable results, are worthy of note. This uniform success in operations of such magnitude must, in part, be attributed to the effects of our climate, which, for the recovery of patients after receiving serious injuries, is, at least, unsurpassed in any part of the world.

There have been many other capital operations successfully performed in various parts of this State, which we are unable, for want of data from the operators, to specify. There is no country in the world, where, in the absence of war, mutilation and deformities from injuries are so common and so serious as in California; and it is not, therefore, remarkable that our surgeons have opportunities of practice which can be found only in the hospitals of other countries.—*The Pacific Med. and Surg. Journ.*, Jan., 1858.

American Medical Society in Paris.—To the editors of medical journals and periodicals in the United States:—

GENTLEMEN: It is now upwards of six years since a number of American physicians in Paris united to form an Association under the title of the "American Medical Society in Paris."

Under Article II. of the Constitution, which was then adopted, entitled "Of the Objects," the first and third clauses read as follows:—

"The objects of this Society shall be—

"1st. The formation of a library, especially of American medical literature, which shall be freely open to the scientific men of every country.

"3d. The diffusion of American contributions to medical science."

The Society was early impressed with the fact, which is apparent at the first glance, that the most important means for facilitating the accomplishment of these objects (the extreme utility of which cannot be doubted) was the regular reception by it of the periodicals wherein the daily progress of medical science in the United States is chronicled. Owing, however, to the peculiarly and necessarily variable character of its numbers and resources, its members did not feel that they had the right to impose upon those who should follow them, and who might find the Society in a much less flourishing condition than it then was, so heavy a responsibility as the subscription to even a small proportion of the scientific journals of the United States would entail. They therefore, through their Corresponding Secretary, made an appeal to the editors of such publications in America to furnish to them, free of expense, the respective journals which they conducted. This appeal (doubtless in view of the national character of the undertaking) was promptly and generously responded to, and, for a time, the table of the Society was well supplied with American publications. These, however, have been gradually discontinued, until, at present, there are but two which are regularly received. Being fully aware that this discontinuance of your favours is

owing to the fact that the existence and importance of the Society have not been recently sufficiently kept before the eyes of the profession at home, and relying upon your already experienced generosity, as well as in view of the fact that valuable periodicals are now in successful operation which were not in existence at the time of this first appeal, the Society at present earnestly resolved to do all in its power to fulfil the designs of its founders, has instructed its Corresponding Secretary to renew the request, and to forward it to five of the prominent journals in the United States, requesting its insertion. Gentlemen wishing to accord this favour, will please forward their journals to Mr. Paul Bossange, 20 Beekman St., New York, who has generously offered to transmit, free of expense, all books and papers intended for the Society.

Benj. Lee, M. D.,
Corresponding Secretary.
Hall of the American Medical Society, Paris, Jan. 12, 1858.

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Another death from Chloroform.—A gentleman, by the name of McChesney, died suddenly, in Toronto, Feb. 1, in a dentist's chair, after taking chloroform for the purpose of having teeth extracted.—*Boston Med. and Surg. Jl.*, Feb. 4, 1858.

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The Pacific Medical and Surgical.—This is the title of a new monthly journal, edited by Drs. John B. Trask and David Wooster, of San Francisco; the first No. of which was issued in January last. This No. is highly creditable to editors and contributors, and we trust the former will receive the support they merit.

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Obituary Record.—The sudden death of Dr. Sept. A. Ogier, physician, by a collision with the cars, near his residence in West Whiteland, Chester County, Pa., in November last, is already known to many of our readers. This estimable physician, though but a few years engaged in practice, was extensively and favourably known in the profession, and enjoyed, in a rare degree, the confidence and affection of the community in which he lived. He was a native of Charleston, S. C., and resided in that city a short time after he graduated. At the time of his death, he was one of the Secretaries of the Medical Society of the State of Pennsylvania. He was one of the most efficient members of the Chester County Medical Society, seldom absent from its meetings, and always, when present, contributing largely to the interest of the occasion.

At the stated meeting of that Society, held January 26, 1858, the following preamble and resolutions were unanimously adopted, viz:—

"*Whereas*, This Society has been called to mourn the loss of Dr. S. A. Ogier, one of its most esteemed, active, and useful members, under circumstances the most painful—bereaving an estimable wife of a devoted husband, lovely children of a kind and affectionate parent, and a confiding community of a worthy, faithful, and intelligent physician—therefore

"*Resolved*, That this sudden death of Dr. Ogier, on the 26th of November last, was an event which cast a deep gloom over the community in which he lived, and deprived our Society, and the profession in general, of one of its most honored and useful members.

"*Resolved*, That we mingle our warmest sympathy and deepest sorrow with the keen anguish and bitter grief which this melancholy event has occasioned in the minds of his heart-stricken family, and of the numerous friends who gathered around his lifeless remains, as an earnest token of their admiration of his many virtues.

"*Resolved*, That the Biographical Committee be directed to prepare a notice of the deceased, in accordance with the request of the State Society.

"*Resolved*, That the Secretary be directed to forward a copy of these resolutions to the family of the deceased, and to furnish a copy for publication."

FOREIGN INTELLIGENCE.

Chlorate of Potash in Ptyalism.—The powers of chlorate of potash in arresting ptyalism, although now usually had recourse to by most of our hospital physicians, are still not so widely known as they deserve to be. Given in doses of a scruple every four hours to an adult, and in proportionate ones to younger patients, this salt will, in the course of a few days, mitigate, in the most marked manner, all the distressing symptoms of this affection. The gums acquire firmness, and the flow of saliva

diminishes. Although this point must not be regarded as settled, yet we know of no reason for believing that it exercises any influence in preventing the good effects of the mercurial upon the system generally. It probably merely cures the inflammation of the mouth. With regard to its potency in the latter direction, the results of careful experiments were recorded a few years ago, almost coincidently, by English, French, and Swiss observers, all uniting in deeming that its efficacy was beyond the reach of the slightest doubt. In ordinary cases, a week is sufficient for a complete cure; and its benefits are usually perceptible in the course of twenty-four hours.—*Med. Times and Gaz.*, Dec. 26, 1857.

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Tracheotomy in Cancer of Larynx.—Amongst the more interesting of the specimens brought before the Pathological Society on Tuesday evening, were two specimens of cancer of the larynx, in the first of which the patient had been allowed to die unrelieved, and, in the second, life had been prolonged for upwards of a year by tracheotomy. The principle is an important one to establish in practice, that whenever death is in prospect from mechanical occlusion of the larynx, the operation should be had recourse to without regard to the exact nature of the cause. Its being cancer, or, what is more usually the case, its being suspected to be cancer, ought not in anywise to prevent this being done. A remarkable case is brought to our memory, which we witnessed some years ago, under Mr. Hilton's care, at Guy's, which bears on this point. The disease was not cancer of the larynx itself, but of one tonsil, involving the pharynx pressing down upon the larynx, and threatening complete occlusion. A portion of the growth had been excised for microscopic examination, and had been declared to be cancer. Suffocation being, however, imminent, Mr. Hilton performed tracheotomy, and the man, who recovered well, ever after wore the tube. The singular feature in the case now followed. The growth gradually diminished, and finally disappeared wholly. The man could now breathe through the natural passage, and used to wear the tube covered; he, however, refused to have the tube taken away. It was thought that the diagnosis had been erroneous, and that inflammatory swelling had been mistaken for cancer; but that it was probably not so, seemed likely when we last saw the man. After the enjoyment of about a year's good health, he presented himself to Mr. Hilton at the City Hospital for Chest Diseases, with numerous scattered tubercles in the skin. Some of these were of large size, and their aspect was exceedingly similar to that of examples of multiple cutaneous cancer. Mr. Hilton advised him to come into Guy's, to have one, at least, of the tumours excised for examination, but this he declined, and we shortly afterwards lost sight of him.—*Ibid.*

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Turpentine as a Detergent.—We noticed in use, the other day, at the Dreadnought, the oil of turpentine as a wash for stumps, etc., which may have got coated with plaister or other adhesive material. It is, we believe, also used at several other hospitals for the same purpose. The part is freely washed with tow dipped in turpentine. It does not appear to unduly irritate, but restores a healthy glow to the cutaneous surface, and the patients describe its effects as being pleasant rather than otherwise.—*Ibid.*

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Acid Sulphate of Zinc Paste.—Among the new forms of caustic which the recent discussion respecting them has been the means of bringing into use, one of the most convenient appears to be the sulphate of zinc with sulphuric acid. The powdered salt is moistened with the concentrated acid, and applied in a paste form to the sore. It has been proposed, and successfully employed in one or two cases, by Mr. Henry Thompson. A great recommendation is, that its ingredients are always at hand, and easily manipulated. Its efficiency also appears to be great, and the resulting cicatrix soft and good.—*Med. Times and Gaz.*, Jan. 2, 1858.

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Effect of Ferruginous Mineral Water on Lactation.—M. Stanislas Martin observed, at Chateauneuf in Auvergne, that gallinaceous and ruminant animals were exceedingly fond of the ferruginous waters, but that these exerted the mischievous effect of drying up the milk of the cows. Wishing to see whether this effect extended to the human subject, he induced a young mother to make use of some of the strongest of these waters during several days; and the result was that if she had continued to drink them, all her milk would have disap-

peared. From this fact, among others, he cautions practitioners against prescribing ferruginous substances for nursing women, and when their employment seems clearly indicated.—*Med. Times and Gaz.*, Jan. 23, 1858, from *Bul. de Thérap.*, Dec. 1857.

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Shampooing in Sprain.—This means of treating sprain, recently revived by M. Gi-rard, is frequently had recourse to by M. Nélaton, with complete and rapid success, both in recent and old-standing sprain. A case recently presented itself, in which a man sprained his ankle while leaping. Cold water was immediately and continuously applied, but he remained unable to walk for three weeks, when he came under M. Nélaton's care. It having been ascertained to be an example of simple sprain, one of the *externes* slid his fingers under the feet, and having greased the two thumbs, pressed these with increasing force over the painful parts for about a quarter of an hour. In the course of the day, the patient began to walk, and next day left the hospital.—*Ibid.*

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Reduction of Hernia by Compression.—In the employment of the taxis, too much weight is sometimes laid upon the energy of the efforts, and the violence exerted upon the herniated parts. A man, aged 54, was brought into M. Nélaton's wards, having a large irreducible inguinal hernia. Many attempts at reduction had been made without success, when M. Nélaton employed compression in the following manner: A strip of gutta percha was placed over the upper part of the thighs, below the scrotum, and kept immovably in this position by means of bandages; a canvas bag filled with three or four pounds of sand was then applied over the tumour; this produced an uniform pressure, which was easily borne, and the mass diminished in size. The taxis was practised from time to time, until the whole was returned.—*Ibid.*

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Tartrate of Antimony in Colic.—Dr. Puf-fer states, that having employed enemata of tartar emetic with good effect in several cases of rigid os uteri, he was induced to extend the same practice to a case of obstinate colic. About three grains were administered in eight ounces of sweetened water, and in about forty minutes the obstruction yielded without any apparent additional nausea or prostration, the patient rapidly recovering.—*Ibid.*

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Facility of the Production of Fractures in Paralyzed Limbs.—Three interesting cases of fracture have been reported at the Société de Chirurgie by Baron Larrey, to prove the facility of the production of fractures in paralyzed limbs. In one of the cases there was incomplete parsplegia of the lower limbs, with increased sensibility. During a moment of great suffering, the patient tried to put one of his legs upon the other, while he pressed upon the thigh with his hands, and the femur broke at about the middle of its length. Although simple, the fracture was very long in being cured, and the patient died from the progress of his paralysis. In a second case, there was also paraplegia besides amaurosis. While making an effort to put on a boot, the patient (who was only thirty years old) broke the femur in its lower part. The fracture was complicated with a laceration of the skin, through which the upper fragment of the broken bone protruded. The synovial membrane of the knee-joint had been wounded, and there was blood effused in the cavity of the joint. Spasmodic movements prevented the contact of the two fragments, but, nevertheless, consolidation took place irregularly. After various complications, however, the patient died. In a third case, there was also incomplete paraplegia, with exaltation of sensibility, in an officer forty years old. During an effort to take off a boot, the patient broke his thigh-bone. The fracture was at the inferior part of the bone, simple, and a little oblique. It has not yet been consolidated, although it took place more than ten months ago.—*Med. Times and Gaz.*, Jan. 9, 1858.

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Transfusion of Blood.—Dr. Brown Se-quard presented lately a paper to the Académie des Sciences, in which he tried to prove the two following propositions: 1st. That arterial or venous blood from an animal of any one of the four classes of Vertebrata, containing oxygen in a sufficient quantity to be scarlet, may be injected, without danger, into the veins of a vertebrated animal of any one of the four classes, provided that the amount of injected blood be not too considerable. 2d. Arterial or venous blood of any vertebrated animal, being sufficiently rich in carbonic acid to be almost

black (noirâtre) cannot be injected in the veins of a warm-blooded animal, without producing phenomena of asphyxia, and, most frequently, death, after violent convulsions, provided that the quantity of injected blood be not below one five-hundredth of the weight of the animal, and, also, that the injection be made not too slowly. Dr. Brown Séquard states that he has transfused in the jugular vein of doga without any ill effect, blood of rabbits, guinea-pigs, cats, cocks, hens, pigeons, ducks, turtles and tortoises, frogs and eels. In rabbits and birds, he has also transfused blood of other animals, without any marked bad effect. He attributes chiefly to carbonic acid the phenomena which had been considered as due to differences in the blood of various species. In many communications to the Société de Biologie, the same physiologist has related facts to prove that in the experiments of Blundell, of Dieffenbach, and of Prevost and Dumas, there were many causes of failure unknown to these experimenters, which have prevented them from re-establishing life permanently in dogs bled to death and transfused with blood from animals of another species. These causes of failure were, 1st, that too much blood was transfused at once; 2d, that the blood was not fresh; 3d, that it did not contain oxygen enough, and contained too much carbonic acid. Dr. Brown Séquard has ascertained that even the blood of birds, defibrinated and rich in oxygen, has been able to re-establish full and durable life in dogs, weighing from fifteen to twenty pounds, and having lost more than sixteen ounces of arterial blood—*i. e.*, more blood than the dogs of Blundell had lost. From thirty to forty-eight grammes of bird's blood (one to one and a half ounce) have been sufficient, in many cases, to restore full life. —*Ibid.*

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Precise Action of the Auriculo-Ventricular Valves of the Heart.—At the Grosvenor Place School of Medicine, last Friday, Dr. G. B. Halford, lecturer on Anatomy, gave a most important demonstration of this action. It has, up to the present time, been believed by all physiologists—all the most diverse theories starting from the same point—viz: that during the systole of the ventricles, the auriculo-ventricular valves become closed. The mechanism has been thus explained by Dr. Carpenter and others: "Whilst the ventricle is contracting upon the blood that has entered it, the carneæ columneæ, which contract simultaneously with its proper walls, put the chordæ tendineæ upon the stretch, and then draw the flaps of the valves into the auriculo-ventricular axis; the blood then getting behind them, and being compressed by the contraction of the ventricle, forces the flaps together in such a manner as to close the orifice, but they do not fall suddenly against each other, as is the case with the semilunar valves, since they are restrained by the chordæ tendineæ." —*Human Physiology.* Contrary, however, to the above usually received opinions, Dr. Halford stated their precise action to be as follows: That at the time of the relaxation of the ventricle there is the pressure of the column of blood in the artery upon the upper surface of the semilunar valves; the auricle now contracts, forcibly distending the ventricle, but not with sufficient force to open the semilunar valves; then, as soon as the blood gets to the level of the apices of the flaps of the valve, they begin to rise upon the surface of the fluid, and in this manner the flaps of the valve are carried up by the pressure of the fluid until the ventricle is distended, when they lie upon the surface of the blood, forming a septum between the auricle and ventricle. The ventricle now contracts upon its contents; the blood cannot bear compression; the auriculo-ventricular valve and chordæ tendineæ are made suddenly tense, and vibrate, causing the first sound. The pressure on the under surface of the semilunar valves overcomes that upon the upper surface; they give away; the blood passes into the artery, the base of the ventricle descending; the carneæ columneæ contracting from base of heart to apex, and thus the chordæ tendineæ are kept tense, and the resistance of the auriculo-ventricular valve to the backward pressure of the blood maintained until the ventricle is emptied. To prove the above, Dr. Halford brought the heart of an ox, and experimented thus: The auricles were partly cut away, to show the auriculo-ventricular valves and the cavities of the ventricles. The coronary arteries having been tied, the aorta was connected to an elastic tube of like capacity, and this attached to a common forcing pump, by means of which a column of water was injected; but the aorta and the semilunar valves closed. Gentle pressure on the fluid was maintained, in imitation of what takes

place during life. The ventricle being empty and water thrown in through the auriculo-ventricular opening, the auriculo-ventricular valve became closed as the ventricle became filled; the more the ventricle was distended the greater became the pressure upon the under surface of the valve and the more perfectly it was closed. When the fluid was simply dropped in, the valve became slowly closed; but when rapidly poured in as by the auricle, the valve as suddenly closed. It does not become tense until the ventricle contracts. The same experiment was tried with the right side of the heart, and with the like results. A sheep's heart was next taken, and connected as above with a stomach-pump, and the same results obtained. Drs. Billing, Carpenter, Richardson, and Leared, were present, taking great interest in, and assisting at the experiments. Dr. Halford concluded his demonstration by stating that he intended, if opportunity were permitted him, to apply the same test to the diseased heart before cutting into the organ as usually done; in this manner, we should better test the mobility and efficiency of the valves, and sooner arrive at the origin of morbid sounds. All present concurring in the importance of the suggestion, Dr. Halford begged them to disseminate the idea among their professional brethren.—*Med. Times and Gaz.*, Dec. 26, 1857.

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Evils of the Modern System of Fattening Cattle.—Mr. Gant has done good service to the public in exposing some of the evils of the modern system of fattening cattle. Mr. G. has inspected the prize animals at the last exhibition of the Smithfield Cattle Club, has followed them to their destinations, and inspected them after death. He found exactly what any one would expect to find who had thought upon the physiological aspect of the question: fatty degeneration of the muscular tissue, and excessive deposit of fat in those situations where it is normally present. He also found numerous filariæ in the lungs, tubercles in various stages, congested livers, and all the signs of general venous engorgement. It is quite clear that the nutritive value of the flesh of such animals is most materially diminished by the conversion into fat. A certain admixture of fat and muscle is desirable, but the conversion of muscle into fat is a change which seriously impairs the quality of meat. So far from these over-fed animals being deemed worthy of a prize, the breeders should be condemned to a penalty. The panting breathlessness from the congested lungs and weakened heart—the dull, stupid expression from the congested brain—the inability to move—are positively disgraceful to agriculturists, and should certainly attract the attention of the Society for the Prevention of Cruelty to Animals.—*Med. Times and Gaz.*, Jan. 16, 1858.

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Influenza.—This epidemic is very prevalent in St. Petersburg, Paris, Vienna, and Berlin. In Berlin, certain trials were obliged to be postponed, from the circumstance that out of twenty-four jurymen summoned, more than twelve were prevented being impanelled by being confined to their beds.

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Petticoat Physic.—The pretensions of women to become members of the medical profession, might furnish a misogynist with apt illustration of the perverseness of the sex. As it is the one profession they are obviously unsuited for, it is the only one on which they have made an organized attack. If a fair field for simple intellectual labour be required, there is law and literature open to them. If the gift of speech so bountifully bestowed on the gentler sex, be the attainment that wants room for development, there is the bar and the church. The ladies of the bar, with artificial flowers in their wigs, gowns expanded in modern fashion, and pleading with all the eloquence of *Portia*, would be dangerous rivals to practising barristers, especially when their natural aptitude for wearing ermine is considered.

But the profession of medicine is, and must ever be, closed against women. If they have not the discernment to perceive the reason, we feel called on to plainly state it. Continuous and regular attendance to daily duties are absolutely required from every conscientious person undertaking the care of the sick. With women this is impossible. Giving them credit for intellectual power, decision of character, and endurance of mental labor, equal to that of the male sex, we cannot set aside the physical disqualifications, entailed by their duties as wives and mothers. A woman *enceinte* is not fit to be intrusted with the life of a fellow-creature, nor is it well for herself or the child yet unborn, that she be exposed to

the revolting scenes which a medical man has to brave. When the fulness of her time has come, she is wholly incapacitated for a month; and then her duties to her offspring render it impossible that she can devote herself to other cares and other studies; or

"With lenient arts extend a mother's breath,
Make languor smile, or smooth the bed of death."

Her occupation is thenceforth of her home, homely. All this is the natural lot of woman, as it is her highest glory that this sequence of events should occur and recur *da capo* to the end of the chapter.

We have chosen the simple preordained law of Nature to refute these foolish virgins who pretend to have studied physiology, and, in defiance of its teachings, to attempt to thrust themselves into the profession. Of course, any arguments about predetermined spinstership, and registered vestal vows, are simply absurd. The stories of immured nuns, the history of "Heloise," and the legend of the "Princess," all point the same moral. We now especially notice the subject, as an attempt is being made to establish a bazaar in London for assisting the funds of an hospital in New York which is officered by female doctors, with Miss Blackwell at their head. It has been reproachfully urged, that English women are so maltreated and subservient, that no hospital can be here established; so the "free sisters who weave their threads with bones," have been driven to America. Having thus heaped ashes on our heads by selecting another country wherein to flesh their maiden scalpels, our British good-nature is somewhat coolly appealed to for the purpose of keeping the new hospital going, and thus perpetuating the agonies of self-reproach that we ought to endure.

It is a pity that wise and earnest women do not strive to guide in a right direction the misdirected energy of these aspirants to the ranks of a profession for which they are physically disqualified by the Power that adjusted the laws of animal life. It should be remarked, that all these women who, *de facto*, offer to unsex themselves by assuming positions incompatible with the performance of their duties as wives and mothers, only aim at being hospital officials. We have not heard of one exposing herself to the wear and tear of the hard work of a country practice. It is like the angling ladies, who require some one to put on the bait, and take off the fish, and hold an umbrella over them to keep off the sun, and then triumphantly entitle themselves expert fisherwomen.—*Lancet*, Jan. 9, 1858.

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Food of Paris.—The Parisians are returning to the Roman type of luxury in their diet. They have become enamoured of snails (*escargots*). To such an extent has the consumption of snails increased, that it threatens seriously to injure the oyster trade. A whole side of the new fish-market is devoted to these delicacies amongst shell-fish, the rest being frogs (*écriarsses*). Paris, last year, used to eat 6,000 baskets of oysters per diem—that is, 78,000 of these molluscs; it now consumes but 52,000, or 4,000 baskets. These figures are obtained from the *octroi* returns, and are therefore reliable.—*Ibid.*

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New Sydenham Society.—The inaugural meeting of this Society was held on Monday, January 18, 1858. Dr. Williams was called to the chair. Various resolutions constituting the Society, defining its objects, &c., were adopted, and officers for 1858 were elected.

President.—C. J. B. Williams, M. D., F. R. S., etc.

Vice-Presidents. — Sir Henry Holland, Bart., F. R. S.; Sir Philip Crampton, Bart., F. R. S.; Thomas Addison, M. D.; H. W. Acland, M. D., F. R. S., D. C. L., Oxford; William P. Alison, M. D., F. R. S. E.; B. G. Babington, M. D., F. R. S.; Thomas Mayo, M. D., F. R. S.; J. Y. Simpson, M. D., Edinburgh; J. A. Symonds, M. D., F. R. S. E., Bristol; Thomas Watson, M. D.; W. Sands Cox, Esq., F. R. S.; J. H. James, Esq., Exeter; Cæsar H. Hawkins, Esq., F. R. S.; James Paget, Esq., F. R. S.; Samuel Solly, Esq., F. R. S.; T. P. Teale, Esq., F. L. S., Leeds.

Council.—Robert Barnes, M. D.; William Brinton, M. D.; John S. Bristowe, M. D.; Andrew Clark, M. D.; C. De Morgan, Esq.; James Dixon, Esq.; W. T. Gairdner, M. D., Edinburgh; C. Radcliffe Hall, M. D., Torquay; George Harley, M. D.; Thomas Inman, M. D., Liverpool; George Johnson, M. D.; Charles Murchison, M. D.; John W. Ogle, M. D.; Thomas B. Peacock, M. D.; Richard Quain, M. D.; W. Sedgwick Saunders, M. D.; William H. Stone, M. D.; Thomas H. Tanner, M. D.; John E. Erichsen, Esq.; John Hilton, Esq., F. R. S.; George M. Humphrey, Esq.,

Cambridge; William B. Page, Esq., Carlisle; H. Spencer Smith, Esq.; John S. Soden, Esq., Bath; Henry Thompson, Esq.; T. Jolliffe Tufnell, Esq, Dublin; T. Spencer Wells, Esq.

Treasurer.—G. Hilaro Barlow, M. D., 5 Union Street, S. E.

Secretary.—Jonathan Hutchinson, Esq., 14 Finsbury Circus, E. C.

N. B.—Six vacancies yet remain for Provincial Members of the Council. These will be filled up when the canvass for members shall be more advanced.

At a meeting of the Council, held at Dr. Williams's, on January 25, the following was adopted as the

PROSPECTUS

of the new Society :—

The objects to which the new Sydenham Society will direct its attention, are the following :—

I. The translating and editing of valuable foreign works on Medical Science, as also of important papers which may have recently appeared in foreign journals, transactions of Societies, etc. These works, papers, etc., will be translated in full, and brought out as early as possible after their original publication.

II. The reproduction of British works, lectures, and papers, which, while of great practical value, are out of print or difficult to obtain, excluding the works of living authors.

III. A Year-Book of Reports in abstract of the progress of the different branches of Medical Science, compiled by a Committee.

IV. Should the funds prove adequate, it is proposed also to prepare volumes of Medical Bibliography and Medical Biography.

It will be observed that the New Sydenham Society aims chiefly at the republication of modern works and papers, especially those of a directly practical class. In order to secure a representation of the wishes and opinions of the general body of members of the Society, it is proposed that its Council shall always include a certain number of provincial residents, and that its annual general meeting, at which the election of Officers and Council will take place, shall be held at the same time and place as the anniversary meeting of the British Medical Association.

After careful inquiry into the causes which led to the decline of the late Sydenham Society, it is believed that two of the most important were the expense of its management, and the inefficient means employed for enlisting new members, collecting subscriptions, and issuing books. It is therefore proposed, in order to remedy these defects, that the new Sydenham Society shall adopt a system of rigid economy in its management; it is further contemplated to enlist a much larger number of local Secretaries, and to adopt other precautions for insuring punctuality in all its departments.

The assurances of support already received are so numerous, that it is intended that the Society shall commence its operations at once. The Council, however, earnestly beg of all interested in its prosperity to remember that *great* success can only be attained by a Society of this kind when the number of members is *very* large. The expense of printing 2,000 copies of a book is but little more than that of printing 500. It is merely the difference of paper, binding, and a trifle for presswork. It thus becomes the direct interest of every member to enlist as many additional members as possible, since, by so doing, he will not only extend the influence of sound medical literature, but will increase the number of works to be obtained for his own subscription.

The subscription will be one guinea annually, payable in advance.

NOTE.—It is intended, as early as possible, to appoint local Secretaries in all towns of sufficient size, and, by their aid, to make a general canvass of the profession. It will, however, very greatly assist the Council, if those gentlemen who have already determined on joining the Society, will forward their names to the Secretary without loss of time.

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Academy of Medicine.—M. LAVIER has been elected President, M. CRUVEILHIER Vice-President, and M. DEVERGIE Annual Secretary, for the ensuing year. Mr. H. DUBOIS (d'Amiens) retains his post as Perpetual Secretary.

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Cold in Italy.—The weather, in Italy, is reported to be unusually severe. The cold in Turin is so great, that a sentry is said to have been frozen to death at his post.

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OBITUARY RECORD.—Died at Brighton, after a lingering illness, on the 7th of Sept., SIR CHARLES MANSFIELD CLARKE, in the 76th year of his age.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Removal of a Patella from an Excised Knee-Joint.—On the 13th of February Mr. FERGUSSON performed an operation at King's College Hospital, which was of considerable interest, in connection with excision of joints. About fifteen weeks since, he excised the knee-joint of a man for very extensive and long-standing disease of the articulation. The man made excellent progress within a very few weeks, and to all appearance a very serviceable limb was likely to be soon obtained. During the last few weeks, however, it would appear that reparation has ceased, and that Nature had failed to form a bony union between the cut surfaces of the bones. The external wound had healed admirably, but latterly considerable annoyance had been caused by the formation of abscesses in the soft tissues around the patella, which had been allowed to remain at the time of the operation. These abscesses refused to heal, notwithstanding every method had been used to forward their obliteration. The patella was freely movable, and it appeared to be floating in a bed of pulpy degenerative tissue, which is so frequently found to exist in diseased conditions of the joint. The patient having been placed under chloroform, an incision was made by the side of the patella, and, finding on examination with the finger that the under surface of the bone was in a state of ulceration, it was deemed advisable to remove it, with as much of the altered tissue as possible. The limb was again placed upon a splint, and the patient is in a very

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fair way of making a perfect recovery with a useful limb.

Mr. Fergusson made some very pertinent remarks upon the proceeding which he had just put in practice. From what he had learned of the various steps of the operation of excision of the knee-joint, he was now an advocate for the removal of the patella, even when healthy, as it was liable to give subsequent annoyance. Mr. Jones, of Jersey, had in a most praiseworthy manner exerted his skill on many occasions to save the cap-bone with its ligature entire, and had frequently succeeded; but he (Mr. Fergusson) would for the future take away the bone, provided it was not bound to the condyles of the femur by osseous material. He had been the more induced to follow this proceeding of removing the patella, owing to the great benefit which resulted from the practice in one case which had been treated by his friend Mr. Price. In this instance the patella was similarly affected, and since its removal the patient had been freed from former annoyance. It was sometimes thought that although the ends of the bone remained united merely by soft material for some time, that osseous consolidation would not ultimately follow. This was a very serious error to fall into; for an admirable illustration of patience and good management was evinced in the case of a patient now in the house, and who had come back to exhibit himself to Mr. Partridge, who performed the operation. In this instance the most pleasing result followed; for the man was now able to walk about without the assistance of stick or crutch, and to renew his ordinary occupations. Mr. Fergusson then alluded to the various notions that were entertained by some surgeons with regard to the "bringing about of anchylosis." For his own part he was ignorant of any plan whereby the surgeon could forward so desirable a proceeding; and he believed that the good result which sometimes followed in old-standing disease of the joints was entirely due to nature, and that far too frequently the surgeon had claimed an amount of ingenuity he did not possess.

The result of this operation will be watched with considerable interest.—*Lancet*, Feb. 27, 1858.

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Excision of the Head of the Femur.—Mr. Coote has at present under his care in St. Bartholomew's a case which promises to do very well after the resection of the head of the femur. The patient is a lad, aged 16, in poor health. The disease was of two years' duration, and the head of the bone was dislocated on to the edge of the great sacro ischiatic notch. The distortion was great, and there was much suppuration from the open sinuses. The resection was performed in the usual manner, the bone being cut through just below the base of the great trochanter. The lad's health has since much improved, and the wound is already almost healed.—*Med. Times and Gaz.*, Feb. 20, 1858.

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Excision of the Elbow-Joint. Three Inches of the Humerus removed for Caries.—The subject of the above mentioned operation is an East Indian, about thirty years of age, and who is under Mr. Tudor's care in the *Dreadnought* Hospital ship. The symptoms locally were those ordinarily seen in cases of disease of the elbow-joint in which the ends of the bone have been denuded of cartilage by ulceration—viz., sinuses leading from the joint, and crepitus on motion. For the relief of these symptoms, Mr. Tudor excised the ends of the bones. The humerus was found not only diseased at its articulating extremity, but carious disease extended up the inner condyloid ridge to the extent of three inches; and in order to get rid of this, the end of the shaft of the humerus was removed to the extent of three inches and a quarter. The end of the ulna was removed at a point one inch below the coronoid process, and the radius was sawn through immediately above the insertion of the biceps muscle. Thus it will be seen that an "hiatus" of four inches and a quarter was made between the ends of the humerus, ulna, and radius. Yet the result is very satisfactory, for now, not quite four months since the operation, the ends of the bones are so nearly approximated by the contraction of the muscles and by mechanical appliances in the shape of splints and bandages, that the forearm can, to a certain extent, be flexed upon the arm. This action, of course voluntary on the part of the patient and unaided by any one else, consists of two steps; first, the drawing up of the radius and ulna to the end of the humerus, to obtain a fulcrum for the second step, or that of raising the hand and forearm. From the present condition of the parts,

there is every reason to expect a very successful result.

The sluggish system of this individual, and the retarding effect of an attack of erysipelas, justify the expectation of a more rapid and successful result in a vigorous subject.—*Lancet*, Feb. 20, 1858.

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Excision of the Elbow-Joint in a Child.—A case under care in Guy's Hospital, in which Mr. Cooper Forster performed excision of the elbow-joint in July last, has afforded a good example of the value of that operation. There were those who at the time expressed a strong opinion that amputation ought to have been preferred. The patient was a little boy, of ten years old, very delicate and strumous. The disease was of four years' duration, and the whole elbow was greatly swollen, there being many large sinuses and much ulceration. His health was rapidly failing, and amputation would have been quite justifiable. The excision was a complete one; the H incision was adopted, and the extremities of the three bones freely sawn away. The bones were found carious, and wholly denuded of cartilage. The case did uninterruptedly well afterwards, the parts healed soundly, the lad regained his health, and enjoys good motion in the false joint which has resulted. —*Ibid.*

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Sternal Abscess and Caries, caused by a Blow from a Cricket-Ball.—A most singular accident produced an equally curiously-situated injury. A young man, when playing at cricket four years ago, was struck by a ball just at the centre of his sternum. This was followed by inflammation and abscess, subsequent caries, and the presence of a sinus ever since, constantly discharging a little matter. He was admitted into King's College Hospital; and on the 16th of January Mr. Fergusson laid bare the diseased bone, and gouged away all the affected portions. In doing this it showed the seat of the primary abscess, which formed a distinct cavity, situated in the middle of the thickness of the bone itself. It was a most fortunate circumstance that the abscess did not extend behind the sternum, as very serious mischief might have resulted. Operations upon the sternum are sometimes attended with risk; it did not prove so in the present instance, for the young man is making a good recovery. We have sometimes seen large portions of the sternum removed for caries, and were truly glad when the operation has been concluded without danger, particularly when we have reflected upon the important parts in the neighbourhood of the bone, such as the pericardium behind, the pleura, and internal mammary artery at the sides, and the large vessels at the upper part of the mediastinum. We remember on one occasion seeing a portion of a carious rib removed, when the instrument used slipped and entered the patient's chest, ultimately producing a fatal result.—*Lancet*, Feb. 6, 1858.

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Diagnosis of Throat Hæmoptysis.—The following notes on the characteristics of throat hæmoptysis as distinct from that attending pulmonary disease, are the memoranda of a conversation on the subject in the out-patient's room of the City Hospital for Chest Diseases. They may possibly interest some of our readers. When blood comes from the throat, *a*, it is always in very small quantity—*b*, it is never mixed with small air-bells—*c*, it generally occurs as streaks in mucus—*d*, almost always follows a fit of coughing—*e*, is of most frequent occurrence early in the morning—*f*, the patient often complains of having a dry throat on waking. When the hæmoptysis is spontaneous, or when it amounts in quantity to anything near a teaspoonful, it is almost always pulmonary.—*Med. Times and Gaz.*, Feb. 6.

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Spontaneous Absorption of Congenital Double Cataract.—A case of congenital double cataract is now in attendance at the Birmingham Eye Infirmary, wherein vision has been restored in both eyes by the rapid absorption of the lenses, without the agency of an operation, or the occurrence of any accident that could rupture the capsules. The patient, an infant at the breast, when placed under the care of Mr. Solomon a month ago (January 9), was quite blind. The only treatment employed since its birth has been atrophine drops to the eyes, and the administration once every day of a powder composed as follows: ℞.—Hyd. c. cretâ, pulv. Doveri, sacchari albi, āā gr. j; ft. pulvis. On some future occasion full details of this interesting case will be published. The present very brief notice of it is now inserted in the hope that any one who has met with a parallel instance may

be induced to communicate it to the profession.—*Med. Times and Gaz.*, Feb. 20, 1858.

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Sudden Failure of Sight during Lactation —Ophthalmoscopic Examination.—Cases of functional amaurosis in connection with asthenia lactantium are not very infrequent. Feeble mothers not rarely are compelled by the threatened loss of eyesight to desist from suckling. In these usually both eyes are affected. There have commonly been premonitory symptoms, such as muscæ, and with the restoration of health the affection is mostly in a good degree recovered from. Quite distinct from these, though acknowledging the same cause, are certain cases of far greater infrequency, in which, during lactation, usually soon after delivery, the sight of one eye is suddenly and permanently lost. On Tuesday last a woman, aged 26, presented herself amongst Mr. Critchett's out-patients at the Moorfields Hospital, affording a good example of the latter. She stated that she was now within two months of her confinement, and that having lost the sight of one eye after a former one, she was anxious for advice as to any precautionary measures, and more especially as to whether or not she ought to again attempt to nurse her infant. She was very tall, and though of florid complexion, yet of much delicacy of aspect. It appeared that after her second confinement, in January of last year, she had been very weakly indeed. Suddenly, one morning during the seventh week, she found that she had lost the sight of the right eye. For more than a week she was totally blind with it, but afterwards a slow improvement took place, and she is now able to perceive large objects dimly. Her medical attendant insisted upon the infant being weaned when the amaurosis was discovered, and she gradually afterwards regained her health. There had never been any pain in the eyeball, and the other eye had always retained its function perfectly. On hearing this history Mr. Critchett observed, that in this class of cases, according to his experience, the cause of the failure of sight was almost always extravasation of blood either on or behind the retina. He had seen numerous examples of its occurrence soon after delivery or during an exhausting lactation. In the present case the unassisted eye could discover nothing in the affected organ different from its fellow. The pupil was sound and mobile, and the globe had a normal degree of tension. Atropine having been used, the pupil dilated to a large size, with some little improvement in sight. With the ophthalmoscope it was seen that a filmy coloured membrane of considerable size floated in the lower half of the eye, at a little distance from the retinal surface. Only one half of the entrance of the optic nerve could be seen, the other being covered from view by a crescentic patch of what was probably extravasated blood. The condition thus closely coincided with what has been expected. The woman was of course advised not to think of nursing again, and also that after her expected delivery the greatest attention should be paid to the speedy restoration of strength by the early use of liberal diet, etc. The theory of the connection between general debility and loss of nervous function is much more easily given than that of that between debility and the local extravasation of blood. Why such extravasation should occur by preference in the eye is also not very easily explained. The clinical fact, however, seems well established. Such cases are of course from the first hopeless as to complete cure, though, as the above proves, a certain degree of improvement may not unfrequently result. —*Med. Times and Gaz.*, Jan. 30, 1858.

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Modified Operation for Epiphora.—After slitting up the lachrymal canals for the relief of epiphora (the method introduced by Mr. Bowman, and now so generally adopted), it now and then happens that only an incomplete result is obtained. Although a gutter for the tears of a quarter of an inch in length has been obtained, yet they do not wholly find their way into it, and the overflow still occurs during sudden increases of secretion. Mr. Critchett suggests that this is sometimes due to the two sides of the canal falling together too closely, and has proposed to remedy it by cutting the inner one wholly away. This is easily effected by means of small curved scissors. A case now under care, the only one, we believe, in which the proposal has been carried out fully, confirms the expectations of benefit. The canal had been freely slit up some weeks before, and no union of its margin had followed, but still the tears occasionally ran over the cheek. The caruncle was large, and filled up the hollow which should naturally exist at the inner angle of the lids, and also some-

what tilted the lid outwards. Mr. Critchett cut away the inner wall of the canal, removing an elliptical piece of mucous membrane, about a quarter of an inch long and an eighth broad in its middle. A little cup has now been formed in which the tears collect, and the apex of which is the nasal extremity of the canal itself. The liability to epiphora has as yet been wholly remedied. Mr. Critchett remarked the other day respecting these cases that he was convinced that an enlarged condition of the caruncle, pushing the lower lid with its punctum outwards, was not unfrequently a cause of epiphora, and suggested that the right practice might in such cases be to snip away part of that body, and thus draw the lid back into the proper position.—*Med. Times and Gaz.*, Feb. 6, 1858.

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Division of the Tear Punctum and its Canals.—For the performance of this little operation, Mr. Solomon has laid aside the knife and director, and substituted a pair of Maunoir's scissors, that have narrow blades and sharp points. The advantages of this change are—he finds great facility and rapidity of execution, a matter of moment in nervous patients; the slit is always perpendicular; it never re-unites, and the sides of the canal remain well everted. The greatest width of the blades of the scissors he makes use of is one-sixth of an inch, their length from rivet to point half an inch. Having first explored the canal with a probe to ascertain if it is strictured, and what its direction may be relatively to the margin of the lid and the caruncle, the operator, bearing in mind the anatomical arrangement of the parts, enters the punctum, while the lid is on the stretch, with the point of the lower blade of the scissors, and then slightly depressing the handle, slides the blade along the canal as far as the caruncle, where he pushes the point through the conjunctiva, and cuts out. If the punctum is constricted a common pin is used as a dilator before the introduction of the scissors. In the preceding description the lower canal is supposed to be the one selected for the treatment, though this method is also applicable to the upper.—*Med. Times and Gaz.*, Feb. 20, 1858.

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Clinical Lecture on Hemiplegia dependent on Atrophic Cerebral Softening. By R. B. Todd, M. D. (Delivered at King's College Hospital.)—The best instance of disease which I can to day bring under your notice is that of a woman named Mary Anne Godfrey, who is now lying in Ward No. 7, with hemiplegia of the right side. She tells us she is 34 years of age, and that this is the second time she has been in the Hospital, for she was here under my care with hemiplegia of the *left* side about five years ago. Upon looking over my case-books I find that this statement of hers is quite correct, and I have here the notes which were taken of her case when she first came under my observation.

The special interest of the case consists in the fact of her having been twice the subject of very complete hemiplegic paralysis; and having completely recovered from the first attack, she now, after the lapse of so long a period as five years, suffers a second attack on the opposite side.

The date of her former admission was May 21, 1850, and she was then 29 years of age. It appears that her health generally had been good until December, 1849, when she had an attack of rheumatic fever, for which she was uder treatment in a metropolitan hospital. Ever since that time she has been more or less subject to rheumatic pains. It is not at all improbable that during this first attack of rheumatism there may have been some endocardial affection, for we found then and still find upon examination that a bellows-sound, accompanying the systole, is audible over the base of the heart and the region of the aorta.

In January, 1850, a month after the rheumatic fever, she had a fit apparently epileptic, and came out of it in two hours with the full use of her limbs. In March of the same year she had a second similar seizure, which lasted two hours, and on coming out of it she found her left arm paralyzed and her face awry, but these effects disappeared in half an hour. Three weeks subsequently she had a third attack, also followed by transient paralysis of the left side. From this time she continued well until the morning of May 17th, when she awoke, after a heavy sleep, with *complete* hemiplegia of the left side. In this state she was brought to the Hospital four days after the attack. Here she was at once placed under a supporting plan of treatment, the administration of quinine and iron, and an occasional purgative, together with a nutritious diet; in six

weeks she perfectly recovered the use of her limbs, and left the Hospital quite well.

The history of the attack for which she has now been admitted into the Hospital is this: On the evening of November 6th, 1855, while walking in the street, she suddenly fell down in a state of insensibility; she was taken up and carried home, and it was then discovered that she was paralyzed on the right side of her body. She remained insensible all night, and the following morning was cupped on the back of the neck. And here let me remark that I hope to see the day when this practice of abstracting blood as a matter of routine (for it is really nothing more than this) in cases of sudden paralysis will be abandoned; undoubtedly it is daily becoming less frequent. Many men, when summoned to a case of sudden palsy, whether with or without loss of consciousness, either cannot or will not take the trouble to investigate the case thoroughly, and the only conclusion at which they seem able to arrive is that the symptoms in some way or other depend upon *congestion of the brain*, that there is too much blood in the head; and, therefore, that bleeding must be resorted to, whether from the arm, or by applying leeches to the head, or cupping on the back of the neck.

But to return to our case. In the course of the evening the patient recovered her consciousness, and this fact, in the opinion of many, would be a sufficient justification for the bleeding. But although she recovered her consciousness, the paralysis continued, and her power of articulation was considerably impaired, while vision and hearing were also somewhat affected. For the following two or three days she was rather feverish, but neither subsequently to nor during the attack were her limbs at all drawn up, nor was she in the least degree convulsed. The catamenia were quite regular; and there was nothing in her history to justify a suspicion of a syphilitic taint.

On the admission of this patient there was complete paralysis, as regards voluntary motion, of the muscles of the right side of the body; indeed, it is rare to meet with a case of hemiplegia more complete than this had been, for no reflex actions could be induced by tickling the sole of the foot, except occasionally, when we succeeded in exciting a slight action in one or two muscles connected with the great toe. The muscles of the paralyzed limbs were all perfectly flaccid and relaxed; the mouth was slightly drawn to the left side; the tongue, when protruded, diverged somewhat towards the right side; the patient could see and hear well; the pupils were equal; there was no headache, but, as I before mentioned, a systolic bellows-sound was audible over the base of the heart.

Let me impress upon you the importance of observing and noting in your record in all cases of hemiplegia the condition of the muscles of the paralyzed limbs. You should always flex the forearm upon the arm, and the leg upon the thigh, and carefully ascertain whether any of the muscles of these parts offer any resistance to these movements; and if they do, you should note the degree of this resistance—whether it be merely a slight resistance, or whether it amount to a state of greater or less rigidity. Sometimes you will find that the biceps is the only muscle which at all opposes your movements, and in other cases it is the triceps alone which resists; while in other cases you will find all the muscles of the limb in a state of intense rigidity. You will readily understand the great importance of attending to these points when I tell you that these different states of the paralyzed muscles—flaccidity, slight resistance, or absolute rigidity—are indications of different states of brain. Thus the perfectly flaccid condition of the muscles of the palsied limbs is indicative of a cerebral lesion distinctly atrophic in its nature—a lesion the very opposite of inflammatory, of a low kind, and one in which there is a tendency to waste, and in which the vital powers are *below par*.

The resistive state of the paralyzed muscles shows that the cerebral lesion, whatever it be, is of an *irritative* kind. A very frequent cause of this state of muscles is a small apoplectic clot with laceration by the effused blood of some of the healthy brain-substance immediately adjoining it. When the palsied muscles are hard and rigid, and almost in a tetanic condition, the brain lesion is of a more distinctly and decidedly irritative kind than in the last-mentioned class of cases, in which there is merely simple resistance, and is sometimes of an inflammatory nature. These are the cases best adapted for bleeding, or, at all events, for mercury. But when there is merely resistance of the paralyzed muscles, and, *à fortiori*, when they are perfectly flaccid, these

remedies are inadmissible and generally calculated to do harm.

Here, then, we have in the case before us all the indications of paralysis dependent on an atrophic lesion of the brain—all the characters, in fact, of an ordinary case of a common form of hemiplegia, but a form which is more frequently met with in persons more advanced in life than our patient. I omitted to mention that sensibility was considerably diminished in the paralyzed limbs after the attack, and (what is not very common) it has since exhibited no decided tendency towards a speedy return. If you converse with this patient you will perceive that, although she is in a low and depressed state, which is partly perhaps due to the shock of the attack, and partly also to an enfeebled and impaired health prior to the seizure, her intellectual powers are pretty perfect; and I therefore infer that her hemispherical convolutions are not damaged.

The lesion in this patient is *atrophic* or *white softening*, and its seat is, I believe, some part of the *centre of volition*—that part of the brain which is immediately concerned in voluntary actions, *i. e.*, the corpus striatum and optic thalamus on the left side, or parts in immediate connection with these ganglia. According to the view which I take of the physiology of the brain, I am led to regard these two great nervous masses—the corpus striatum and optic thalamus—as connected with the centres of volition and sensation respectively, much in the manner in which the capital of a pillar is connected with its column; and hence it is that lesion of the former gives rise for the most part to paralysis of voluntary motion, while sensation is chiefly impaired when the latter is the part most involved in disease. Still, however, it should always be borne in mind that lesion of either of these cerebral ganglia produces symptoms very similar to those caused by disease of the other. That the paralysis of motion, which is thus induced, should be on the opposite side of the body, may appear inconsistent with the view which I take of the different functions of these ganglia as separate centres, but this inconsistency is only apparent, and is entirely removed, I think, when we bear in mind the exceedingly intimate connection which exists between these two great masses of nervous matter, and when we remember how they lie imbedded the one in the other; so much so that it is very difficult to imagine lesion of the one without some affection of the functions of the other. But inasmuch as the optic thalamus is by far the larger of the two centres, and inasmuch, also, as it has much more extensive connections with surrounding parts than the corpus striatum, so its function—common sensation—escapes far more frequently than the function of the corpus striatum—voluntary motion; and it is much more common to meet with cases in which the function of the corpus striatum is influenced by lesion of the optic thalamus, than those in which the function of the optic thalamus is interfered with, in consequence of a diseased condition of the corpus striatum. The explanation of this fact is, as it appears to me, to be found in the immense connections of the thalamus with the corpora quadrigemina, pons Variolii, etc.—in a word, with the mesocephale. In consequence of the great size and extensive connections of the optic thalamus, it requires a very large lesion of this body to affect sensibility materially; hence, then, whenever I find in a case of hemiplegia that sensation is *much* and *permanently* impaired, I am disposed to think, *cæteris paribus*, that the brain-lesion is considerable, and that it involves a pretty large portion of the optic thalamus with perhaps, also, some part of the corpus striatum.

But in the majority of cases of hemiplegia the paralysis is of *motion only*, although in most there is more or less numbness of the palsied limbs immediately after the attack. This latter symptom generally passes off in the course of a few days, or even hours, and the sensibility becomes perfectly restored, while voluntary motion remains more or less completely paralyzed; and in such the lesion is chiefly of the corpus striatum, or of parts in its immediate vicinity, the optic thalamus either entirely, or almost entirely escaping. From the completeness of the paralysis of voluntary motion, and even of reflex actions in our patient upstairs, together with the great degree of impairment of sensibility, I am inclined to think that the lesion in this case is very extensive, and that it is, as I before said, of an atrophic character—white softening.

Now white softening depends for the most part upon any condition which cuts off from the brain, or from a part of the brain, the normal supply of blood. This has now been proved by many cases in which ligatures have been placed for surgical purposes

upon the common carotid artery, and in which the operation has been speedily followed by hemiplegia of the opposite side. I witnessed a case of this kind, in which, two days after the application of the ligature, the patient was suddenly seized with hemiplegia of the opposite side, without any loss of consciousness whatever, and in which the post-mortem examination showed a state of white softening of the cerebral hemisphere of the same side as that of the carotid tied. I myself put on record some years ago a case in which hemiplegia resulted from a state of white softening dependent upon defective blood supply, which I believe is perfectly unique; and, although I have many times tried to bring about this pathological condition by tying the carotids of the lower animals, I have never met with decided success; but in the case to which I am now alluding the experiment was already performed for us by what one may almost designate a *freak of disease*. The case was one of dissecting aneurism; through a slit in the aorta blood in considerable quantity forced its way, by splitting up the coats of this vessel along the innominata, and for about an inch and a half up the right common carotid, where it coagulated, and thus formed a plug, which completely obliterated the cavity of the artery (carotid); I should add, that the dissected condition of the coats extended downwards along the arch and abdominal aorta in the belly, to the renal artery. When the accident occurred the patient fainted, but he recovered after a little time, under the application of the usual restoratives; and I saw him the same evening, and also the following day, and was greatly puzzled to tell what was the nature of the case; for the principal symptom was pain, referred to the back and the chest. But two days after the accident the patient suddenly became hemiplegic on the left side, without in the least degree losing his consciousness; and the characters of the palsy were precisely those of our patient upstairs, the paralyzed muscles being perfectly flaccid and relaxed. He continued, however, to live on for eleven days, a very unusual thing in a case of dissecting aneurism, and then death took place, the coats of the first portion of the aorta having given way, and allowed blood to escape into and distend the pericardial sac. When we came to examine the body, we found a state of white softening in all those parts of the right hemisphere of the brain which are supplied with blood by the anterior cerebral artery, which, as you know, supplies the whole substance of the hemisphere. I may here observe, that the chief reason why I have been unable to produce this condition in the lower animals by tying the common carotid artery is that their brains receive their chief supply of blood from the vertebrals, which appears to be even sufficient to keep up its nutrition, when both carotids are perfectly obliterated.

The state of white softening of the brain occurs chiefly in persons advanced in life—from fifty to eighty years of age, and upwards. In these patients it appears to depend upon a gradual change which takes place, to a greater or less degree, in the coats of all the arteries in the body, but especially in those of the brain. This change, which is known generally under the term *atheroma*, consists in the deposition of earthy and fatty matter in the walls of the vessels, causing a degeneration of their tunics. Sometimes the deposits are confined to the larger vessels; sometimes the capillaries are diseased, and their muscular fibres have undergone fatty degeneration, as was first pointed out by Mr. Paget. The effect of these deposits is, that the capillary circulation throughout the brain becomes more or less impeded, being most so when there is most disease of the vessels. The brain substance, gradually becoming less and less perfectly nourished, passes into a softened state, and at length melts down. The solution of continuity of nerve fibres which thus occurs results in the effectual cutting off of all communication between the centre of volition and the opposite half of the body, and induces a state of hemiplegia. It is precisely this process which, I believe, has taken place in the subject of our remarks to-day. If, then, the malady be due to a diseased state of the arterial system, and especially to a fatty condition of the cerebral capillaries, the walls of which have scarcely strength enough left to retain the blood within them, it is quite clear that the lesion is essentially of an atrophic nature, and in no way due to any overflow of blood to the brain. And it is in cases of this kind that true apoplexy most frequently occurs—that is to say, in which blood in greater or less quantity becomes effused into the brain—and the blood thus poured out often ploughs up the sur-

rounding nervous substance, so as to form a considerable cavity, in which the clot is contained.

How do we distinguish this apoplectic condition from simple softening? and how do we know that in the case of our patient, Mary Anne Godfrey, true apoplexy has not occurred? The reason why I say there is no effusion of blood in this case is, because a very small clot will almost invariably induce more or less of a comatose condition. A clot no larger than the end of one's little finger will generally give rise to a lethargic condition at least, if not to perfect coma; and this will usually be accompanied with more or less of snoring. When hemiplegia is dependent on a state of simple white softening, though the patient may for some time after the stroke be for a brief period unconscious, lethargic, and inclined to gape, yet there will be no prolonged loss of consciousness, and the intellect will generally recover itself perfectly—this last depending partly on the normal nutrition of the greatest portion of the affected hemisphere, and partly upon the healthy state of the opposite hemisphere.

Again (and here, in consequence of want of time, I must speak rather dogmatically, although these conclusions, I should tell you, are drawn from close clinical observation, together with the results of numerous post-mortem examinations), if blood be effused into the brain, provided it encroaches on and more or less lacerates healthy brain, then there will be more or less resistance or rigidity of the palsied muscles, while if the clot be large the symptoms of coma will be very decided and prolonged; the patient will lie in a heavy sleep, from which he can be roused only with great difficulty, or, perhaps, not at all. On the other hand, when you come to the bed of a patient labouring under hemiplegia from simple white softening, you will find him, generally speaking, able to answer questions readily and rationally, although, in some cases his speech may be "thick," according to the extent to which certain muscles of articulation and deglutition may have been affected, or to which the centre of emotion may have been involved, either by shock or actual disease. We conclude, therefore, that the hemiplegia in the woman upstairs depends upon an atrophic softening (white softening) of certain central parts in the left half of the brain.

The history of this patient affords confirmation to this diagnosis. There is an account of her having had two or three epileptic fits prior to the first attack, and it is not improbable that both it and the second attack were real epileptic fits, so that it is very likely that the hemiplegia, or rather the white softening upon which it depends, may be associated with the conditions which give rise to the epileptic paroxysms.

Taking then this view of the nature of the case, what treatment did we pursue? You have heard the remedies which were employed prior to the patient's admission into the Hospital; and you will now, perhaps, not be surprised to learn that the plan which we adopted was precisely the reverse of this. A general supporting plan of treatment was resorted to; at first ammonia and chloric ether were exhibited every four hours, and with these a little wine was given; and during the last few days the patient has been taking quinine. Now, if the hemiplegia depended upon any hyperæmic or plethoric condition, upon a too highly nourished state of brain, or upon the presence of too much blood within the cranium, no measures would, probably, have been productive of greater harm than those to which we have had recourse; but on the contrary, our patient is slowly and gradually improving; slight reflex actions are now capable of being excited in the paralyzed leg, and this limb will, doubtless, be the first which will recover itself, after which the palsy will disappear from the face and tongue, and lastly from the arm, for this is the order in which the recovery of paralyzed limbs generally occurs.

I may here state that when this woman was in the Hospital in 1850, for a similar attack of hemiplegia, the paralysis was on the *left* side, whereas it is now on the *right* side; and the treatment upon which she was then placed was exactly like the course which is now being pursued.

She left the Hospital then, perfectly well, and continued so, with the exception of her being almost constantly subject, in a greater or less degree, to rheumatic pains until the present attack.

It often happens in cases of hemiplegia dependent on white softening, that the patient recovers perfectly from the first attack, and, after a longer or shorter interval, gets another stroke of palsy; and this second seizure is rarely on the same side as the

first. The reason of this appears to be, that the affection depends upon a diseased state of the bloodvessels, and that this last morbid condition is the result of a symmetrical process, affecting both sides of the brain alike, but as it does not generally proceed exactly *pari passu* on the two sides, it is usually found in a slightly more advanced stage on one than on the other. This is a most interesting pathological fact, as it well explains the point in the clinical history of those cases to which I have just adverted.

Some of you may ask, How does recovery take place in these cases, and what changes occur then in the softened parts of the brain? It is impossible, in the present state of knowledge, to speak upon this subject otherwise than speculatively. As regards the fatty and earthy degeneration of the coats of the bloodvessels, upon which depends the defective blood-supply which so often immediately induces the state of white softening, this, I should imagine, is a morbid condition which never recovers itself; but although this is probably the case, still as the softening is generally due directly, as just said, to some stoppage of the circulation in the brain, to the plugging, or the obliteration by some means of some vessel, so it appears reasonable to suppose that in the cases of recovery a collateral circulation is established sufficient to restore and maintain the normal nutrition of the softened brain; just as occurs when the main artery of a limb is tied for surgical purposes. This appears to me to be the most reasonable explanation of these phenomena, the correctness of which further observation must determine; however this may be, I feel satisfied from clinical observation that this simple white softening is capable of being repaired. But in very many cases the process of repair does not take place, the brain-fibres remain inadequately nourished, and so the case proceeds from bad to worse; the paralysis never recovers itself, the temperature of the palsied limbs falls below the normal standard, and the paralyzed parts suffer in their capillary circulation, and often in consequence become œdematous. It is not very uncomman to see patients suffering from paralysis dependent on an atrophic condition of the nervous centres, whose palsied limbs are perfectly dropsical, although there may be no œdema of any other part of the body.

It is quite unreasonable, therefore, to think of treating such cases as that of our patient upon any other than a supporting plan. What you should do is to endeavour to improve the condition of the blood, and uphold the strength of your patient in every way that his digestive power will permit. If you do this you need not look upon these cases as hopeless, as used frequently to be done in former years; for upon this plan you will often find that these patients will go on for months, or even years. You see the practice which I almost invariably pursue, and many of you well know that it is a very rare thing for us to get a post-mortem inspection in these cases, as, unfortunately for our scientific researches, these patients won't die. Although we do not effect more cures now than formerly, certainly our patients live longer, and we generally send them out of the Hospital in a comparatively much improved condition; and this, I sincerely believe, is mainly, if not entirely, due to our adopting a supporting plan of treatment. —*Med. Times and Gaz.*, Feb. 6, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Quarantine and Sanitary Convention.—The Board of Commissioners appointed at the meeting of last May, and consisting of the officers and one delegate from each of the States represented in the Convention, met, at the invitation of the President of the Convention, in the Hall of the College of Physicians of Philadelphia, February 4, 1858, to provide for the assembling of a second convention this year.

The necessary arrangements for the call of the Convention were committed to an Executive Committee, consisting of Drs. Kemp and Steiner, of Baltimore, and Drs. Jewell, E. Hartshorne, and Biddle, of Philadelphia. These gentlemen were authorized to issue a circular, inviting delegates from the Municipal Corporations, Chambers of Commerce, Boards of Trade, Boards of Health, and two Medical Societies, in each of the seaboard cities of the Union, to assemble in Baltimore on Thursday, the 29th of April ensuing, at 10 o'clock A. M. They were requested also to solicit scientific contributions or papers on subjects connected with quarantine, to be read to the Convention. Copies of this circular have been received in this city by the College of Physi-

cians and the Philadelphia County Medical Society.

The following delegates have been appointed by the College of Physicians: Drs. R. La Roche, D. F. Condie, John Bell, G. Emerson, E. Hartshorne, W. Jewell.

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Philadelphia College of Physicians.—At a stated meeting of the College of Physicians of Philadelphia, held March 3, 1858, the following Fellows were elected delegates to the next meeting of the American Medical Association, to be held in May, 1858, at Washington:—

Drs. Geo. B. Wood, Joseph Carson, Isaac Hays, Caspar Wister, Francis West, W. S. W. Ruschenberger, Geo. W. Norris, John B. Biddle, Thos. F. Betton, Lewis Rodman, J. Rodman Paul, S. L. Hollingsworth, Samuel Lewis.

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University of Maryland—Medical Department.—The following changes have recently been made in the Faculty of this school. Prof. R. H. Thomas has, in consequence of protracted ill health, resigned the chair of Obstetrics. Dr. Geo W. Mittenberger, Professor of Materia Medica and Therapeutics, has been transferred to the chair of Obstetrics, and Charles Frick, M.D., has been elected to the Professorship of Materia Medica and Therapeutics. Dr Frick is extensively known by his various valuable contributions to our science, and his accession will add materially to the strength of the school.

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North Mississippi Medical Society.—The first public annual meeting of this Society was held in Aberdeen on the 18th December, 1857. The annual address was delivered by Dr. G. S. Bryant, of Aberdeen. Officers for the present year:—

President.—G. S. Bryant, M. D.

Recording Secretary.—J. T. Lowe, M.D.

Corresponding Secretary.—R. H. Dalton, M. D.

The Society is in a flourishing condition.

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Medical Graduates in 1858.

University of Pennsylvania . .	145
College of Physicians and Surgeons (N. Y.)	53
Medical Department of Yale College	6
Massachusetts Medical College (Boston)	16
Medical College of Georgia . .	61
Jefferson Medical College . . .	209
Pennsylvania Medical College . .	35
New York Medical College . .	33
Starling Medical College . . .	10
Oglethorpe Medical College . .	11
University of the City of New York	127

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Consolidation.—The *Peninsular Journal of Medicine* and the *Medical Independent*, have been consolidated under the title of the *Peninsular Journal and Medical Independent*. This consolidated journal is to be under the editorial direction of Profs. Gunn and Palmer, who are to have associated with them Mr. Stearnes as pharmaceutical editor.

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Microscopes.—Messrs. J. and W. Grunow & Co., of New Haven, Conn., have published an "Illustrated Scientific and Descriptive Catalogue of Achromatic Microscopes," manufactured by them, to which we invite the attention of the profession. A microscope is now essential to the medical student and scientific practitioner.

FOREIGN INTELLIGENCE.

Death from Chloroform.—An inquest was lately held at the Bristol Infirmary (says the local *Gazette*), before the coroner, Mr. J. B. Grindon, on the body of William Powell. It appeared from the evidence that the deceased was about forty-nine years of age, and a cooper by trade. On the 9th inst. he was admitted into the Infirmary, suffering at the time from a disease of the elbow-joint, occasioned by a fall received some two years before. The bones of the joint were so diseased that it was deemed necessary an operation should be performed on him. It was intended that the operation should be performed by Mr. Prichard. The medical gentlemen were assembled, and the deceased having expressed a wish to inhale chloroform, he was examined to see if he was in a fit state to take it. No objection to his taking it could be elicited, and a small quantity was therefore administered in the usual manner by Mr. Powell, assistant house-surgeon. In less than three minutes the man was dead. Mr. Powell and Mr. Crisp both deposed that the chloroform was administered in the regular manner, and that the quantity taken was very small. On exa-

mination it was found that the heart of the deceased was naturally very weak. The coroner explained to the jury that though chloroform was administered in tens of thousands of cases with the greatest benefit and success, yet every now and then a case would occur in which, from some peculiarity of constitution, the patient's system was unable to recover from the effects of the inhalation, and death took place. The jury returned a verdict, "that the deceased died from the effects of chloroform, administered to prevent the pain of an intended operation."—*Lancet*, Feb. 27, 1858.

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Citrate of Iron and Strychnia a new Therapeutic Agent.—For a long time back a therapeutic agent of very efficient properties has been used with considerable success at the Royal Free Hospital in cases of dyspepsia of an atonic character by Dr. O'Connor. He has also found it productive of great benefit in similar conditions depending on functional derangement of the uterus. In these cases it acts as an emmenagogue when all other remedies have failed, and it has a powerful effect in tranquillizing the excitement of the nervous system. This preparation is a citrate of iron and strychnia, the dose of which is about three grains three times a day, to be taken immediately after a meal. There is now a case of chorea in the Hospital under the care of Dr. O'Connor, immediately brought on by the patient being frightened by a thunderstorm in August last, since which time she has, without any intermission of the symptoms, been a sufferer. In this case the citrate of iron and strychnia has been only used for a few days, and already with marked benefit. The case is one of interest, and we propose at a future time giving it in detail. The preparation which Dr. O'Connor uses is made by Mr. Bastick, of Brook Street, Grosvenor Square. —*Med. Times and Gaz.*, Feb. 27, 1858.

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Glycerine in Dysentery.—M. Daude, a French provincial practitioner, reports that during a severe epidemic of dysentery he found the employment of glycerine of the greatest utility. He prescribed one ounce of glycerine in five ounces of decoction of linseed, in an injection, repeated twice a day, and two spoonfuls every hour of the following mixture: Glycerine 11 drachms, orange-flower water and water equal parts, so as to make a five ounce mixture.—*Med. Times and Gaz.*, Feb. 27, from *L'Union Méd.*, 1857.

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New Form of Actual Cautery.—M. Bonnafond, who is strongly persuaded of the excellence of the actual cautery as a means of treatment, has endeavoured to obviate some of the inconveniences of its application. To this end he has invented the following caustic, which burns slowly, and admirably replaces the actual cautery when the cauterization is not required to act very deeply, or to be made on a very wet surface. Dissolve five parts of gum tragacanth in a sufficiency of water, facilitating the solution by adding a little sugar, and rendering it as concentrated as possible. Then add gradually fifteen parts of vegetable charcoal, and two of nitrate of potass, and thus form a homogeneous paste capable of being rolled into cylinders of various sizes. These must be well dried, and when wanted for use may be lighted either by a candle or the fire. The eschar is usually detached in five or six days. Latterly, M. Bonnafond has used a mixture of the gum and charcoal without the potass.—*Ibid.*

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Vaccination with a Magnetized Needle.—Prof. Beka states that since 1856 hundreds of children have been thus vaccinated, with scarcely any failures occurring. The point of the needle is well saturated with the magnetic fluid before practising the vaccinations, which are then performed in the usual manner, a single magnetization serving for many vaccinations. It is quite surprising to observe the rapidity with which the vaccine virus is absorbed when the needle is thus prepared.—*Ibid.*, from *Presse Méd. Belge.*

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New Preparation of Superphosphate of Iron and Lime.—Dr. Routh exhibited to the Medical Society of London (Feb. 20, 1858) this new preparation. It was prepared by dissolving phosphate of iron and phosphate of lime, in equal proportions, in hot metaphosphoric acid, and adding sugar to the solution to make a syrup. Some years ago, he had recommended the syrup of the superphosphate of iron (elsewhere known as the biphosphate of iron) as a remedy for weakly children, and those weak adults with mental diseases. Its uses as such had been since amply proved. He now recommended this as an excellent remedy in rickets and weak children with deficient osseous deve-

lopment. It was very pleasant to take, and did not blacken the stools. It was prepared by Mr. Greenish, of New Street, Dorset-Square. Each ounce of the syrup contained five grains of iron and five of phosphate of lime.—*Lancet*, March 6, 1858.

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Epidemics in France.—Typhoid affections prevailed in Paris during great part of 1857. Latterly the nature of the epidemic has completely altered; typhoid fevers have diminished in frequency, lost their epidemic character, and given place to another affection, *the influenza*, which, though less severe in character, is, perhaps, more universal. At the end of the December fogs the influenza suddenly appeared in Paris, and for the past month there is scarcely a house exempt from it; and once it enters a house, it is almost certain to attack every individual in it. If an epidemic of such extent were very fatal, scarcely a third or fourth of the population would survive. Fortunately the epidemic is very mild in its nature, but not so much so as to admit of too great security. It does not consist of a simple bronchitis or coryza, so common at the beginning of winter (and which latterly, by an abuse of the term, have been called *influenza*), but is a true epidemic influenza, such as raged with such great severity in Paris in 1852, before the great epidemic of cholera, and several times since—*i. e.*, a catarrhal fever, characterized chiefly by pain in the back, quick pulse, hot skin, intense headache, incessant persisting sensation of heavy weight in the head, a *saburral* condition of the *primæ viæ;* and, in fine, a complete state of prostration, which is, as it were, the peculiar characteristic or mark of the epidemic. It usually lasts for a week; in some persons only for three or four days, while in others it lasts for twelve days or a fortnight. It usually localizes itself as a bronchitis, sometimes as an angina or a gastritis; but in some cases it assumes a more serious character, and passes into a catarrhal pneumonia which ends fatally. Several cases have proved fatal in this way, in hospital, and it was from this complication that Legendre died. The treatment consists in the use of evacuants. Their administration is almost always followed by a sensible amendment in the general condition, and especially by a diminution of the painful and wearying headache. It brings the bronchitis to a speedy resolution, and anticipates the pulmonary congestion which might follow it. The emetico-cathartic plan is that to be preferred. Fifteen grains of hippo, with three-fourths of a grain of tartar emetic, may be given to an adult. This constitutes the principal part of the treatment, which may be advantageously followed up by the use of pectorals and demulcents, such as are generally useful in such cases.—*Gaz. des Hôp.*, Jan. 16.

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Effects of Fear.—A Parisian physician, during his visits made in a hired fly, had received a bottle of real Jamaica rum as a sample, but found, after returning home, that he had left it in the carriage. He went to the office, and informed the manager that he had left a virulent poison in one of the carriages, and desired him to prevent any of the coachmen from drinking it. Hardly had he got back, when he was summoned, in great haste, to three of these worthies, who were suffering from the most horrible colic, and great was his difficulty in persuading them that they had only stolen some most excellent rum.

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Price of Quinine.—M. Guibourt, in a recent statement he made to the Académie de Médecine, observed that the fears of the failure of the supply of cinchona, which has continued to be predicted for a century, are still exaggerated. One of the largest wholesale druggists in Paris has assured him that the supply of quinine was never more abundant than now, and that, after purchasing it wholesale, and bottling it, he can sell it from 8 francs 40 centimes to 8 francs 80 centimes (according to the quantity bought) per bottle of thirty grammes (℥viiss). The bottle, in 1843, cost 10 francs, and since then has been temporarily raised, especially in time of cholera, to more than double this price, while it has never been lower than now. Compared with other chemical products, however, the price of quinine has not decreased sufficiently. Thus, fifty years ago, the kilogramme of phosphorus, which costs now 9½ francs, cost 200. Ten years ago, chloroform that may now be bought at 12 or 13 francs the kilogramme, cost 150 francs. The sulphuret of carbon, sold in 1838 at 12 francs per oz., now sells at 60 centimes. Sodium, at 1,000 francs the kilog. in 1854, sells at 60 francs; and aluminium has fallen from 1,500 to 300 francs.—*Ibid.*

Velpeau on the Speculum.—La France Médicale of the 13th of February, contains some clinical observations made by M. Velpeau, at the "Charité" Hospital, upon a case of supposed malignant ulceration of the neck of the uterus. In the course of his remarks, the lecturer stated that professional men generally overrated the diagnostic powers of the speculum; and that in nine cases out of twelve, we can very well dispense with it. Both experience and reasoning tend to render the use of the speculum less frequent. This instrument, in fact, teaches us nothing respecting the volume, shape, position, or density of the organ to be examined. The only circumstance which it brings to light is the tint of the cervix, and the knowledge of this tint is often of no use whatever. The finger, M. Velpeau thinks, is far more useful: with it we make out ulcerations, granulations, fungosities, and the consistence of the cervix. Nay, the speculum often leads into errors of diagnosis, and makes us suspect lesions which have no existence. The neck of the uterus, caught by the extremity of the speculum, appears larger than it really is, and the os looks gaping; nor should it remain unmentioned, that a simple fold of the vagina is often mistaken for the cervix, and the caustic is applied where it was not intended to act. M. Velpeau, without rejecting the speculum, wishes, however, that its use may be considerably restricted, and that young practitioners should get accustomed to establish their diagnosis by means of digital examination.—*Lancet*, March 6, 1858.

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Insanity among Prisoners in Penitentiaries.—M. Sauze has endeavoured to determine the real origin of the cases of insanity which are observed in prisons, and to show that solitary confinement (*l'emprisonnement cellulaire*) exercises no special influence on the production of mental alienation and suicide. M. Ferrus has stated that those who have given special attention to this subject, have declared that only in rare instances have they been able to attribute mental diseases merely to the depression produced by detention. M. Sauze has collected numerous facts which he believes to confirm this statement.

The study of "penitentiary insanity" shows that malefactors and criminals are too often confounded with the insane. M. Ferrus, and all who have made prisons a subject of attentive study, have recognized the facts, that certain criminals show great analogies with insane persons; that a large portion of condemned persons consist of men of imperfect intellect, driven to crime by the faults of their organization; and that most of the cases of insanity met with in prisons are due to antecedent individual predispositions. MM. Lélut and Tardieu have arrived at conclusions altogether favourable to the cellular system. M. Lélut has established the fact that, in prisons conducted under this system, the number of insane is less than in prisons conducted on the old plan. If it is true that the proportion considerably exceeds that met with in a free and honest population, this is due to the circumstance to which reference has just now been made. Dr. Prosper de Pietra-Santa, in a memoir read before the Academy of Medicine, has arrived at a totally different conclusion. He maintains that insanity and suicide are much more frequent in the Mazas prison than in others. But he does not, M. Sauze observes, appear to have taken care to ascertain the interpretation of facts, to scrutinize the antecedents of prisoners, to take into account their individual predispositions, etc. The cellular prison of Mazas —a place for the detention of prisoners in a state of *prevention* only—of necessity furnishes a very bad element of comparison; and it is, *à priori*, conceived that suicides would there be more numerous, and that insane persons would be found there whose mental condition had not been at all understood at the time of their arrest.

M. Sauze, in his capacity of physician to the prison and lunatic asylum at Marseilles, has observed the insane both in prison and up to the end of their treatment in the asylum. He has not only ascertained the existence of insanity, but has sought out its first symptoms, however slight they may have been; and he has arrived at the conclusion that, in the greater number of the cases, the insanity has been anterior to the imprisonment; and that several times persons have been sent to prison who were in need of treatment in asylums.

The cellular prison at Marseilles, of which M. Sauze has been physician two years, is constructed on the model of that of Mazas. The system followed resembles that of the Philadelphia prison. Isolation is rigorously maintained day and night, being accompa-

nied by labour, walking, exercise, and frequent visits. M. Sauze has related at length fifteen cases, of which, however, an analysis is not here given. To these are added twenty-nine cases of imbecility in various degrees, accompanied by malformation of the skull, thus making a proportion of forty-four insane in a population of prisoners which, in two years, has amounted to about 2,400. This proportion at first sight seems large; but in three only of the cases was the insanity first manifested in prison, and even in these three it was possible to demonstrate the existence of numerous predisposing causes dating several years back. Thus M. Sauze finds three insane in 2,400 —a proportion very small compared with that found in a free and honest population, which, according to M. Ferrus, gives one in 1,830, and, according to M. Lélut, two in 1,000. The Marseilles Asylum receives an almost equal number of cases of insanity from the house of detention, which is managed under the old *régime*, and from the cellular prison.

M. Sauze does not attempt to deduce absolute conclusions from his statistics, imperfect as they are, and supported by the experience of two years only. His aim has been only to make approximate conclusions, and comparisons which may point out the necessity of further researches into penitentiary insanity. The facts observed by M. Sauze have led only to the general conclusion that the cause of penitentiary madness is to be sought less in imprisonment, whatever its form, than in the nature of the prison population. "In imprisonment as well as in freedom," says M. Ferrus, "almost all individuals attacked with insanity have been predisposed to the disease. A man, in fact, whose faculties are exactly balanced, may, without losing the free exercise of perfect reason, resist the hardest reverses in life, the most touching losses, and even excessive pain. The most prolonged imprisonment leaves his moral sense intact, and his intellect quite clear."

M. Sauze believes that he can conclude from his observations that most prisoners in whom insanity has been observed, were diseased before entering prison, often even before their sentence, and at the time when they committed the crime. In those who have become insane subsequently to imprisonment, numerous predispositions can always be found, whether in a state of imbecility or epilepsy, or in previous attacks of mental alienation, or in a life of privation and misery, of debauch and excesses of all kinds. Insanity in prison may also arise from causes independent of the prison system. Thus, among the cases observed by M. Sauze, were two individuals who attempted suicide, and manifested symptoms of insanity, a short time before the expiration of their punishment: these were Piedmontese deserters, who feared that they would be sent back to their native country, where they had incurred the punishment of death.

Condemned persons may be imprisoned during the commencement of an attack of insanity, during its incubation, or they may have intermittent insanity, and the time of an attack may happen to fall within the period of imprisonment. Here there are so many sources of error.

M. Sauze insists forcibly on the analogies which exist between the insane and a certain proportion of prisoners, who have not a correct notion of good and evil, and who would have a right to the benefit of irresponsibility. Certain individuals are sent by turns to an asylum or to a prison, according to the view taken of their case by the magistrate. M. Sauze has met alternately, in the Marseilles prison and in the asylum for the soldiers of Algeria, men of defective organization, who only leave an asylum to be sent to a prison.

In referring insanity to causes for the most part foreign to imprisonment, M. Sauze does not pretend to deny entire the influence of incarceration. Imprisonment produces a state of depression and melancholy very favourable to the development of insanity. It is true, however, that the sadness generally disappears at the end of some days, and that the culprit becomes habituated to the rigors of the prison regulation. Insufficient food, want of exercise and air, may also act, in the long run, as debilitating causes, like privations of any kind in free life, and may give rise to mental alienation. Insanity may also arise from other diseases characterized by debility and constitutional exhaustion, which prevail in prisons.

M. Sauze sums up his memoir in the following conclusions: 1. The causes of penitentiary madness are generally independent of imprisonment, whatever be the system followed. 2. The insanity is generally anterior to entrance into prison, and even to

condemnation. 3. When developed in prison, it is even then the result sometimes of causes foreign to imprisonment. 4. The greater number of causes of penitentiary madness are inherent in the prisoner and not in the prison. 5. They consist especially in individual predispositions, such as hereditary tendency, imbecility, idiotcy, or epilepsy, previous attacks of insanity, or a life of privation and of debauchery. 6. There are the closest analogies between the insane and a certain class of prisoners, consisting of men of defective organization. 7. A certain portion of the inmates of prisons would be better placed in lunatic asylums. 8. The number of insane persons condemned to prison is considerable. 9. The cases of insanity which are manifested in prisons are not due to the influence of incarceration alone; they are connected with various causes of general debility, especially insufficient diet. — *Annales Médico-Psycologiques*, 1857.

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Improvement of Medical Education in England.—It is stated in an editorial in a late No. (Feb. 20) of the *Medical Times and Gazette*, that there is a movement going on which will probably tend to alter and improve the method of conducting medical education in England. A communication involving propositions to this effect has been made by one to the other of our great Colleges of Physicians and Surgeons. And both of them cordially agree to the principles suggested in it. The College of Surgeons has arrived at the conclusion that the direction in which it has been striving to extend, of late years, the education of the student is unfortunate; that the increased number of courses of lectures which its programme has compelled him to attend has not tended to advance him in a really useful knowledge of his profession, but that, on the contrary, it has caused him to throw himself more than ever into the hands of the grinder. To remedy this evil the College proposes that the courses of lectures at present required from candidates by their Board shall be considerably reduced in number, so that the student may have some little time given him for digesting what he hears, and more opportunity and leisure for making himself more thoroughly acquainted with clinical surgery and practical anatomy. Every one conversant with the baneful effects of the present system of lecturing will be delighted to hear that such a move is going on. How can it be expected from any living brain that it should take in anything but a mere smattering of what it hears, when its owner is forced hour after hour to be changing continually the course of his thoughts, and without a moment's interval to be rushing from one subject to another? We are also greatly pleased to find that the College considers a modification in the present prize system to be necessary, and that in all these particulars the two Colleges go cordially hand in hand. We sincerely congratulate them on this grand step forward. It is another lift of the mind out of the tangles which mediæval times have twisted around its movements.

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Earthquake at Naples. General Bleeding.—A correspondent of the *Times* states that the Neapolitans are in the habit, when anything occurs to shock or terrify them, of getting themselves bled. After the severe recent earthquake at Naples, the barbers and their lancets were in immediate request, and it is estimated that at least 30,000 persons were phlebotomized.

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Arsenic in Paper-Hangings.—Dr. Alfred Swaine Taylor, in his evidence before the Select Committee of the House of Lords, last session, on the Sale of Poisons Bill, after pointing out that arsenic was much used in several manufactures, such as in the manufacture of glass, especially of opal glass, of shot, in the steeping of grain, and in killing the fly in sheep, states that the largest quantity of arsenic used in this country is used in the manufacture of paper for covering walls. He considered it very injurious both to those living in a house papered with this article, as well as to those employed in the manufacture. An instance was published in a medical work of some cases of illness occurring to persons living in a room papered with this paper; and the effects were described as those arising from arsenic. The colour, says Dr. Taylor, is put on very loosely; it contains nearly fifty per cent. of the poison. In addition to the above, Dr. Taylor handed to the Committee an envelop, the green tint on the inside of which he examined, and found to be formed of arsenite of copper. There is also an orange yellow which contains arsenic. — *British Medical Journal*, Jan. 9, 1858.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Removal of the Leg of a Child aged two Years and a half.—Perhaps the most interesting feature of this case is the period at which the limb was amputated, the child being a little over two and a half years of age. Very rarely has amputation been found necessary at this time of life, unless from some grave accident. The child, a patient of Mr. COULSON'S, at St. Mary's Hospital, was the subject of scrofulous disease of the knee, which was lined with a false membrane, and an opening existed in the tibia, which extended downwards into the shaft. The disease was too extensive to admit of excision, and Mr. Coulson resorted to amputation; and when we last saw the little fellow he was going on well. A circumstance, however, transpired about this child's history which had been kept concealed by the mother until after the operation, namely, that the child had had four epileptic convulsions eight months ago, which were followed by hemiplegia of the unamputated side. The child has now (Jan. 20) a discharge from both ears, with some redness about the mouth, and is rather restless at night. The paralysis was not noticed before the operation, from the fact of the child never having walked, nor even sat up.

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Dislocation of the Head of the Humerus into the Axilla.—Whilst Mr. de MERIC was seeing the out-patients at the Royal Free Hospital on the 23d of March, a robust man of about thirty was brought to him, who

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had just had a fall upon the shoulder, the result of which was the injury above mentioned. The diagnosis was extremely easy; and as the accident was so recent, Mr. de Méric tried to reduce at once by forcibly raising the arm in the direction of the axis of the body. This was done without using much force, and scarcely was the elbow brought in a line with the vertex, when the characteristic crack was heard, and the head of the bone had returned to the glenoid cavity. The reduction did not take more than a minute; Mr. O'Loughlin, house-surgeon to the hospital, who was present, bandaged up the arm in its accustomed position for such cases, and the patient walked away. We mention this to induce those who often have to deal with such injuries to try the same method, before resorting to the heel, especially in recent cases.

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Arm crushed between Railway Buffers; Disarticulation of the Shoulder.—A railway porter, aged twenty-six years, was helping to move forward some of the carriages, when his left arm was caught between two buffers, and completely crushed. The bone was shattered, and all the soft parts bruised and torn, and a laceration extended down the forearm. This accident occurred at eleven o'clock on the morning of the 16th February. He was brought up to town, and conveyed to University College Hospital, and placed under Mr. Quain's care. As the injuries were too extensive to permit any portion of the arm being saved, Mr. Quain, at half-past four of the same day, removed the limb at the shoulder-joint, which was fortunately uninjured, but there was very little sound skin to form flaps; they therefore included some of the bruised integuments. The clavicle and scapula were not injured. There was a little hemorrhage from the wound the same night; he had anodynes, and passed a quiet night, but next day complained of soreness about his left chest. His pulse was 132 at 3 P. M., on the 17th, and he was going on as well as could be anticipated. The patient's subsequent progress, although slow, was good; the wound has healed up to some extent, and the man is gradually gaining strength. His life, at any rate, is safe. When last we saw him, he was able to sit up in bed and have his stump dressed, although very weak.—*Lancet*, April 3.

Epidemic of Ulcerative Omphalitis.—M. Meynet describes this epidemic as he observed it in the wards of M. Valette at the Charité Hospital, Lyons; and his paper is interesting as showing the marked efficacy of chloride of zinc. It resembled in its characters hospital gangrene more than erysipelas, properly so called. At the commencement the appearances merely consisted in an exaggerated condition of a very ordinary phenomenon, the slight inflammation accompanying the fall of the cord. This inflammation, then, being accompanied by ulceration, cicatrization of the umbilicus was delayed, and soon the symptoms of intense phlegmasia were developed. The umbilical region became of a deep redness, and was surrounded by an enormous, but circumscribed tumefaction. The cutaneous border surrounding the base of the cord became ulcerated and everted, and the ulcer, getting deeper and wider, was covered with a gray, pultaceous membrane, and generally discharged a thick, purulent, fetid sanies. In proportion as the ravages of the ulceration extended the red circle enlarged, taking on a wine-ley colour, and the tumefaction, more and more voluminous, became hard and resisting. In many cases the red areola was encircled by small, more or less confluent, roundish, dirty-white pustules, containing turbid or purulent serosity. Beneath, the dermis presented small, round, depressed ulcerations. Sometimes the erysipelatous circle was covered by enormous sanguinolent phlyctenæ, and when these broke the ulceration soon invaded the exposed dermis. The general health was not always affected at the commencement; but very soon the child refused to suck, cried continually, wasted away, and was sometimes carried off within thirty-six and forty-eight hours. Sometimes the progress of the disease was slower, but very often even then fatal.

In other cases, the disease commenced at once by ulceration, which soon committed great ravages, either propagating itself along the umbilical vessels, or over the abdominal parietes. Its form was irregular, and its surface was either of a violet gray, exhaling an odour of gangrene, or was covered by a soft adherent false membrane, as in hospital gangrene. In these cases the surrounding livid circle was less circumscribed, there was less tumefaction, and the pustular eruption was often absent. The general symptoms also came on sooner, sometimes pre-

ceding the ulceration; the infant soon passing from a state of great agitation into fatal collapse.

The various remedies usual in such cases, including the actual cautery, were tried in vain, when M. Valette had recourse to chloride of zinc paste, spread on linen. This was completely applied to the ulcerated surface, and the result was, that in place of an invading ulcer, a limited and clean wound, with tendency to cicatrization, was produced. Whenever the disease was thus treated at an early stage, and the caustic could be applied to all parts of the ulcerated surface, it never failed in its effects, one application usually sufficing.—*Med. Times and Gaz.*, March 20, 1858, from *Bull. de Thérap.*

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Mulberry Calculus in the Urethra.—A rather novel and at the same time interesting case of stone came under observation at St. George's Hospital the other day, under Mr. Prescott Hewett's care, in a little boy twelve years of age. He introduced a catheter into the lad's bladder on one occasion, and as it passed towards the arch of the pubis he thought he felt the point of the instrument grate against some hard substance, but nothing was detected within the bladder. Next day the patient suffered from retention of urine, which was relieved by the catheter, and again the hard body was felt at the back part of the urethra. Mr. Hewett therefore got a long probe, which he bent like a hook, and passed it along the urethral canal, at the back of what was now ascertained to be a calculus, and which he gently hooked forward until it lay in the canal just behind the scrotum. The lad was then secured in the usual manner, and the stone removed by a small incision in the mesial line. We saw the little fellow on the 25th February, nine days after the operation, and found him going on without a bad symptom. The stone was oval, three-quarters of an inch long, the ends sharp, and a quarter of an inch in diameter, a favourable form and shape for slipping into the urethral canal, and composed of oxalate of lime. We heard Mr. Hewett say he had a similar case about two years ago in this hospital, which he proceeded to remove in the same manner, but the stone slipped into the bladder, and at the same sitting he performed lithotomy, and removed the calculus successfully. The whole proceeding becomes a very simple one when the stone can be removed from the urethra.—*Lancet*, March 20, 1858.

Caution as to the Diagnosis of Malignant Disease of the Testicle.—Two cases of much interest have recently been operated on in Guy's Hospital, which illustrate the difficulty in stating positively the character of certain enlargements of the testicle, and show the propriety of adopting exploratory steps previous to extirpation. In the first, a man, aged 38, was under Mr. Cock's care with an obscurely fluctuating tumour in the scrotum, of such character that most who saw it thought it medullary cancer. Mr. Cock, however, had his doubts as to whether it would prove to be merely an hæmatocele with thickened walls, and accordingly laid it freely open before proceeding to extirpate. His suspicions proved correct, and the contents having been evacuated, and a free opening obtained, the cavity was left to granulate. The suppuration was for some time profuse, but the wound ultimately healed well. The second case illustrates the difficulty in diagnosis rather than the necessity for exploration. It is that of a man, aged 37, under Mr. Cooper Forster's care. He was pale and emaciated. The testicle was as large as a fist, and no one who saw it expressed any doubt as to its being cancerous. Excision was performed, and on examination afterwards the whole gland was found to be disorganized by the infiltration of tubercle, the epididymus also being involved. Had the true nature of the disease been known beforehand no other measure could have been adopted. That peculiar difficulties often attach to the discovery of an exact cause of enlargements of the testis, all surgeons will admit. Mr. Paget is accustomed to observe in reference to the simulation of cancer by syphilitic and rheumatic sarcocele, that no testicle should be condemned as malignant until three remedies have been severally tried—mercury, iodine, and colchicum.—*Med. Times and Gaz.*, March 27, 1858.

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Ruptured Perineum and Recto-Vaginal Fistula.—A young woman with a lacerated perineum extending through the sphincter, the result of a previous labour, was submitted, at University College Hospital, by Mr. Erichsen, some weeks back, to the usual plastic operation recommended by Mr. B. Brown. The parts healed very well, with the formation of an excellent perineum; but a recto-vaginal fistula remained, which was partly closed on the 27th January by paring the edges, and bringing them together by

means of sutures. A second operation on this fistula on the 10th February, was more successful, the sphincter ani muscle being divided laterally. Opium was given afterwards, and the utmost quiet and rest enjoined.

Mr. Adams, at the London Hospital, some weeks back, performed a similar operation for a ruptured perineum with success, and more recently repeated it in a case of procidentia uteri, using deep sutures without quills.—*Lancet*, April 3, 1858.

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Serpiginous Sores over the Entire Body.—One of the most exaggerated instances of this form of eruption which we have ever seen is at present in the London Hospital, under the care of Mr. CURLING. The patient is a young man who has had syphilis. About twelve months ago a rupial eruption broke out over various parts of his body, and then spread to his head and his entire face. The latter at this moment is perfectly red throughout. The patches of ulceration over the body far exceed in extent the sound skin, and many have had distinct rupial conical crusts upon them, which have now fallen off, and the serpiginous sores have healed from the local application of nitrate of silver and the internal use of the iodide of potassium and sarsaparilla. The great circular and coalescing patches of discoloration about the body still remain, of a deep crimson red colour. He has baths occasionally with good effects. We may mention that the eruption about the face has partaken of a somewhat impetiginous character, and that about the body of a truly serpiginous nature, the ulceration spreading in one direction and healing in another. As this is a very obstinate form of affection, and sometimes lasts for years, we think the mercurial vapour bath, as recommended by Mr. Henry Lee, might more quickly and surely determine a cure.—*Lancet*, March 20, 1858.

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Fragment of a Knitting-Needle found in the Liver.—Dr. HERMANN CLARUS gives the following case in the *Archiv. für Physiol. Heilkunde:* A woman, aged forty-six, was brought to St. George's Hospital, Leipsig, in a delirious state. It was maintained by those who brought her that she had never been ill before. The excitement did not subside; she would take no food, and died twenty-five days after admission. The veins of the brain were found gorged, and on incising the pia mater three ounces of serum escaped. On the groove between the two lobes of the liver a cicatrix was remarked; it was very thick and dense, and contained a fragment of a knitting-needle three inches in length. The needle was much eroded by rust, and close by it lay a large venous branch, which presented no lesion. No trace of wound or scar could be discovered on the skin of the abdomen, neither in the stomach nor in the liver itself. It is very probable that this fragment of knitting-needle had been swallowed by the patient, and had travelled on without causing any disturbance.—*Lancet*, March 27, 1858.

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Poisoning by Acetate of Lead.—A case was admitted last week into the Great Northern Hospital, under the care of Mr. LEARED, in which self-destruction by acetate of lead was attempted. A healthy young man took before breakfast two pennyworth of the salt in half a tumbler of water. He was careful to swallow the portion remaining undissolved. In about a quarter of an hour he vomited. He had now some epigastric and frontal pain, severe abdominal pain ensued, and in about three quarters of an hour from the time of swallowing the acetate he was purged once freely. Two hours subsequently he was brought to the hospital. The only thing he then complained of was the abdominal pain. The pulse presented nothing remarkable. He was immediately given sulphate of zinc as an emetic. The next day sulphate of magnesia was given, as the bowels were constipated. He was discharged well on the day following.

It was ascertained from the chemist from whom it was procured that one ounce of acetate of lead is sold by him for twopence.

Dr. Leared remarked that the case was interesting, as affording additional evidence of the comparative harmlessness of the acetate of lead, although popularly regarded as an active poison; also the purgative action of an astringent salt, owing to the largeness of the dose, was instructive.—*Med. Times and Gaz.*, March 20, 1858.

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A Pair of Ears Growing from the Neck.—We think it right, when opportunity permits, to place upon record remarkable congenital freaks of nature, as they may present themselves, for they sometimes indirectly

furnish the analogue of various appendages and peculiarities illustrating the homologies of the skeleton and soft parts in some of the inferior animals. At Guy's Hospital, on the 23d of February, a little girl was brought into the theatre with an appendage hanging from each side of the neck, in a line with the os-hyoides, and supposed possibly to be in connection with the cornua of that bone. They resembled the lobules of the ear, and felt like them, and their interior, especially at their bases, felt distinctly cartilaginous. They were carefully dissected out by Mr. Birkett, and actually were two distinct but small ears. The peculiar cartilage of the pinna of the ear, with its rolled form and usual thickness, was clearly present, and not a doubt existed that the child had the remains of two ears growing from her neck, besides the two perfect ears existing in their natural situation. The lobuli of these two appendages were of the natural size as exists in a child of her age, perhaps a little larger. They certainly had become larger than they were at her birth. A careful dissection made afterwards showed a distinct concha in each, with an imperfect helix, and it was ascertained that there was not the slightest connection with the os-hyoides.

Now, the feature of interest in this child would be the explanation of the presence of ears in the neck, with a perfect pair already in their natural situation. Mr. Birkett hazarded the opinion of their origin being due, in early intra-uterine life, to some of the special cells of each ear getting upon the neck in some way, becoming planted, as it were, like seeds, and there growing. There may possibly exist a power in the cells of particular organs and bodies in the human economy to reproduce similar structures in some other part, a property (if it does exist) which is never exercised but before birth; but we much doubt whether such a view is received by many physiologists. Of the existence of the extra pair of ears in the neck of this otherwise well-formed child there can be no doubt whatever. Their origin in the neck we leave to the conjecture of our readers.—*Lancet*, March 20, 1858.

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Treatment of Nævus by Vaccination.—In a recent clinical lecture M. Nelaton observed, that to reap the benefit of this excellent means of treating nævus, it is indispensable that certain precautions should be observed in putting it into force, the neglect of which has often been the cause of the failures practitioners have complained of. Thus if we vaccinate with the point of a lancet, scarcely does the instrument penetrate beneath the epidermis, when a considerable flow of blood takes place, which carries with it almost all the virus, leaving the operation imperfect. To obviate this inconvenience we should select the finest insect pins, and charging their points with virus taken directly from a child's arm, they should be thrust into the nævus, and allowed to remain there, the flow of blood being thus completely prevented. They should be implanted at short intervals, of half or one centimetre from each other. In a few minutes, when we believe that the tissue had become sufficiently impregnated by the virus, the pins should be withdrawn. The pustules undergo their ordinary development, each puncture becomes indurated and inflamed, and a vaccinal eruption covers all the tumour. The peculiarity in the action of the vaccine virus is that it acts more deeply than most of the caustic modifying agents at our command. The action is propagated to the subcutaneous tumour, and we obtain a cure exempt from all the dangers attendant upon the application of caustics, and without the production of a cicatrix, which in many situations might prove of great inconvenience.

Another mode of vaccinating nævus has been adopted by M. Nélaton in two instances. The first of these was an unvaccinated infant, sent to him by M. P. Dubois, on account of a subcutaneous erectile tumour in the parotid region. He passed in four needles transversely, traversing the tumour through and through, and then passed two vertical pins in the same manner. These six pins were left in for twenty-four hours, and then replaced by threads. The six setons were left in for eight days, and then the vaccine virus was so applied as not to implicate the edges of the wound, which would have given rise to twelve vaccine pustules. The adjoining integuments were to this end protected by very minute fistula-lachrymalis canulas slid over each thread. The threads were then impregnated to a certain extent with the virus, and passed through the canulas into the depth of the erectile mass. At the end of four days there came on considerable inflammatory swelling, which lasted as long as the natural period of the vaccine evolution. The tumour then be-

came very hard and compact, the vessels being obliterated. The cure remained permanent, no cicatrix resulting; one of the orifices had been inoculated, and a vaccine pustule was produced. With a little attention, even this slight inconvenience might have been avoided.

We may therefore state that vaccination is a valuable means of treating erectile tumours; but as it requires that the patients have not been previously vaccinated, it is always a good precaution before vaccinating an infant to inquire whether there is not some small erectile tumour in some part of its body.—*Med. Times and Gaz.*, Jan. 30, from *L' Union Médicale*, 1857, No. 63.

CLINICAL LECTURE.

Clinical Lecture on the Principles of Conservative Surgery as applied to the immediate Treatment of Large Accidents. Delivered at St. Bartholomew's Hospital, January 11, 1858. By FREDERICK C. SKEY, Esq., Surgeon to the Hospital.—GENTLEMEN: Conservative surgery, as applied to large injuries, is founded on the principle of a greater than ordinary reliance on the resources of nature, exerted to preserve and restore to its former condition of health and utility a limb, or any portion of the human body, which, in its absence, would be condemned to removal. Conservation infers a power to cure, and conservative and curative surgery are almost synonymous terms. The practice of curative surgery demands two conditions—first, a thorough reliance on the inclination of nature to preserve life and to regenerate impaired structures, and the power to accomplish the cure of injuries within certain limits yet untried by the observation and experience of the surgical profession; and, secondly, it involves the possession of certain moral feelings in the man himself. These two conditions are indispensable to a thorough investigation into the principles of curative surgery. In a decision to be formed on any given case, the surgeon must forget himself—he must forget the *éclat* attendant on great operations; his entire thought, his whole and concentrated interest, must merge in the welfare of his patient. Do not think I impute to our profession a moral weakness that is not common to all mankind. Term it a warrantable ambition—a desire for distinction, more commonly termed "notoriety"—an aspiration for greatness—whatever it be, and in whatever degree it exist, it has a tendency to hamper the judgment, and to throw its influence into the scale of self-interest, to the prejudice of the person whom accident has placed in our charge for better or for worse. So long as human weakness is interwoven with human strength, so long as the line which separates good from evil is finely drawn, so long will the tendency prevail. A man's conscience is the only arbiter. More influential still is the other condition, that nature has the disposition to *restore*, in other words, to *cure*, to an extent beyond general belief; that her resources are larger, and that she is more liberal in the bestowal of them, than we are disposed by cursory observation to give her credit for; and that there is a "vis medicatrix" presiding over all diseases, palpable in all cases to the eye of the philosophical surgeon.

Now I wish to show you, that the greater our distance from medieval or primitive surgery, and the farther we advance in the path of enlightened surgery, the more curative does it become, and with curative surgery, its inseparable handmaid and companion, simplicity. That we had not calculated nature's powers with any approach to accuracy we may readily believe, when I tell you that, forty years ago, amputation, more especially of the leg, was a common operation. Without any correct statistical report, but speaking from general recollection, I may assert any single week rarely passed without the resort to the amputating instruments, whereas the removal of a limb has really become a rare operation. The fact is notorious and undisputed as far as I know. All severe compound fractures were amputated; all diseases of joints which were supposed to involve either destruction of bone or absorption of cartilage. Grating of the bones when brought into contact was deemed a sufficient warrant for removal of the limb. Prior to the date I have mentioned, it is highly probable that the practice was yet more common.

Does it follow, in acknowledging the truth of these statements, that we have reached the goal of perfect surgery? Can we say we have tried nature's powers to the utmost? Is it an unreasonable supposition, that, some forty years hence, the same ground of argument may prevail, and our successors may

point with astonishment to the recorded fact of thirty amputations performed in St. Bartholomew's Hospital in the course of one year! while their own number is reduced to ten or even less. Perhaps you think that the London hospitals exercise a centralizing influence over country institutions. Not only is it not so, but there is found no uniformity of practice amongst themselves. And with regard to the country: I know an example in which more amputations were performed in one year than were performed in St. Bartholomew's Hospital during the same period—the relative number of patients being $\frac{1}{8}$ and $\frac{5}{6}$. In fact, the man who amputates least frequently has the greater knowledge of the resources, and confidence in the good disposition of nature, while he who has less knowledge and less confidence amputates the most.

I will now place before you, as valuable material for future reflection, the evidence which favours belief in the steady progress of conservative surgery. Is it not true not only that nearly every large operation is becoming more simple in its character, and that greater consideration is paid to the subject of personal suffering? How great an aggregate of physical pain has been neutralized by the introduction of chloroform? —that great discovery, the benefits of which will probably live to the end of time. Look at the greater simplicity of our modern treatment of fractures of the cranium, and the substitution of the comparatively painless operation of lithotrity for the cutting operation from which twenty-five per cent. of deaths were the general issue. Consider the great question of aneurism, treated on the principles of Mr. Hunter, and which, like lithotomy, led to a fatal termination in more than twenty-five per cent., which modern treatment by pressure has reduced to less than five per cent. The operation, again, for hernia, in which the mortality, formerly so large, is so greatly reduced by leaving the sac unopened. Old dislocations reduced, and limbs restored to use after six or even nine months, in violation of a mistaken principle that attributed danger to the attempt to reduce them.

Let us now apply these principles to the treatment of compound fracture or other large lacerations of the limbs by violence. If the main artery of a limb be torn asunder by a violent accident, and the extremity become cold, we know that gangrene must follow the loss of circulation, and we amputate the limb. We conclude that the artery is divided; but we infer other injury, whether to the main nerve or to other vessels, arterial or venous, because if the artery alone were divided the collateral circulation would suffice to nourish the limb. This, with our present knowledge, is a clear case for amputation. But take a doubtful case, a severe injury or laceration, involving integument, muscle, artery, and bone, or one or all of these textures. Can we honestly say we have tested nature's power and disposition to aid our treatment? Again, in amputation for diseases of joints, do we always recollect that the absorption of the cartilage is in the direct path to nature's own process of cure, viz., that by anchylosis? Have you ever examined a joint finely injected after amputation for grating of bone? If you have the opportunity you will observe a beautiful edge of bright red granulations surrounding the residue of the cartilages, and you will grieve with me that so excellent a work has been cut short in its progress towards a perfect consummation.

With respect to compound fracture, listen to the brief report of the following case:—

A man, aged twenty-eight, was admitted into Harley's ward, with a compound comminuted fracture of the radius of the left forearm. The arm had been caught in some machinery, and the back of the arm quite cut away down to the interosseous ligament. The middle third of the radius was crushed; the muscles rent asunder, with the exception of a small portion of the extensor communis of the fingers, and the extensor carpi ulnaris; the posterior muscular branch of the interosseous artery was cut asunder. Fragments of muscles, some separated, some adherent, remained in the wound. The integuments were detached to the extent of about an inch and a half in breadth all the length of the forearm, and had still farther retracted. If the extensor muscles had been completely destroyed, I would have amputated the limb, because without some antagonism the flexor muscles would have gradually become useless, and the fingers would have closed into the palm. The first question, after I had ascertained the full extent of the injury, that occurred to my mind was, Can this arm be saved? and the second was, What evil can arise from the experiment? Had I amputated the limb immediately, the remark on after

examination, would have been, What a frightful injury! Quite impossible to save it! But I made the attempt in the full conviction that the arm would be worth something, that it would not prove utterly worthless, and the man, now at the expiration of three months, has a serviceable limb; yet I shall be curious to know its condition at the expiration of twelve months. Why should the attempt not have been made? There could be no immediate necessity for the removal of the limb; and when you have witnessed, as I have done, the security you obtain from the free administration of brandy and other stimuli required to antagonize the prostration necessarily consequent on similar accidents, and observed the enormous capacity for stimulants people in this condition exhibit, you will see that I had nothing to fear from collapse, tetanus, or any other similar cause of danger.

A second man was brought into the hospital on November 5 last, having sustained a frightful wound from a pistol-shot on the outer side of his left elbow. The muscles were rent to pieces both above and below the joint; the triceps was ruptured and separated from the bone, and the finger passed around the back of the humerus, and the elbow-joint was opened. The radial nerve was torn asunder. Such was the appearance of the injury, that I might have amputated the limb without a word of comment; but I preferred the attempt to save it. I replaced the parts in position, removed all the jagged portions of muscle, and, in consequence of the entire destruction of the integuments, I left the wound open. In size it was about four inches across in all directions. This man has left the hospital with the prospect of an almost perfect recovery. Twice in the progress of the treatment the wound became perfectly phagedænic, but each time the morbid actions were arrested by Peruvian balsam.

In serious accidents like those I have alluded to, it is said we must amputate at once when necessary to avoid a second shock. But the principle, though sound, is misapplied in such cases. The principle of immediate amputation is only applicable to the battle-field, when the operation quickly follows the infliction of the wound. If some hours have elapsed, the critical hour has passed. Shall we inflict an injury, or gain no knowledge by postponing the amputation for twelve, eighteen, or twenty-four hours? Suppose you were called to a man of high rank or of large fortune, would you not watch even at his bedside, and wait for a few hours, and avoid the amputation of his limb till you were compelled to do so? I advise you to lay aside all theories about primary and secondary amputations. The operation must always involve a shock to the system. Depend on it that before ten years have elapsed the principles of curative or restorative surgery will achieve a permanent triumph over the practice of the past.—*Lancet*, Feb. 27, 1858.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Homœopathy and Scarlet Fever.—[The subjoined confessions of a homœopathist of his experience in scarlet fever will doubtless surprise our readers. It is well known that there is no disease in the treatment of which the infinitesimal gentry more loudly boast of their success than in scarlatina, some even claiming invariable success in the disease, when treated by them from the onset according to homœopathic doctrines.

The following statement by Dr. JOHN C. PETERS, one of their own number, one eminent among them, and one of the editors of the *North American Journal of Homœopathy*, from the No. of which Journal for Feb., 1858, we extract it, shows how little grounds they have for their boasting, and exhibits a most melancholy picture of want of success.]

"Our art [homœopathy], as it now stands," says Dr. Peters, "offers little or no better help to the young physician than the imperative necessity of making a selection of one or two among forty or more, more or less appropriate remedies, and this selection, which is always difficult and uncertain, must be made with the greatest accuracy, while the physician is under the pressure of the most harassing anxiety about his patient. It is full time that aged and experienced physicians should give us the benefit of their trials, successes, and failures, fairly and honestly; let us know the cases in which we may hope for a reasonable amount of success, and above all, point out those which they fail in, and in which almost every one else will surely fail.

"Our handbooks simply refer us from one remedy to another, perplexing us with a host of indications which are rarely or never met with at the bedside, and always leaving the ingenuous and conscientious physician under the horrible fear that he has not made the right selection, and still leading him off, *ignis fatuus* like, to some other equally inefficient remedy, which has been strongly recommended on very slight theoretical grounds, and still slighter clinical experience.

"My experience in fatal cases of scarlet fever has been as follows:—

"1st. In the earliest part of my medical career, I was placed as guard with a child severely sick with malignant scarlet fever, with a most severe anginose affection, copious exudation of plastic lymph upon the pharynx and tonsils, croupous symptoms, and probably exudation in the larynx and trachea, great swelling of the parotid glands, profuse ichorous discharge from the nostrils, and very scanty eruption. The treatment was conducted by three of the oldest and ablest homœopathic physicians which our city then or now affords, and the case terminated fatally.

"2d. I was called in counsel by one of the above physicians to aid him in the management of three cases which had been under allopathic treatment; one case was almost moribund when we took charge, and it died in a day or two; the others recovered.

"3d. I was called in counsel to a case which had been treated homœopathically from the beginning by one of the earliest converts to homœopathy; and this case also terminated fatally.

"4th. Scarlet fever broke out in a family with four children; three were attacked successively at intervals; the character of the disease was severe and dangerous, with croupous exudation upon the tonsils, swelling of the parotids, ichorous discharges from the nose, abundant eruption, delirium, hoarseness, albuminous urine, &c. &c.; these three recovered after a hard struggle of several weeks, and no bad after-effects were left.

"The fourth child sickened three weeks after the others; during all this time it had been separated from the others, and had taken belladonna freely and faithfully; but the old nurse, finding the little fellow in the hall, she having just come out of one of the sick rooms, and her dress covered with some of the profuse discharges from the nose, ears, and nostrils of one of the other children, could not refrain from hugging and kissing him, as she was dearly attached to him, and had not seen him for several weeks; in fact, she sat down with him on her lap in the hall for fifteen minutes or more; the same or next evening I took tea with the family; my dear little patient was at the table perfectly well, ate his supper with relish, but when he left the room to go to bed, expressed a wish to speak privately with his father, to whom he complained of slight sore throat; he was immediately brought back; I examined his throat carefully, but could detect no redness or swelling, and his pulse was but slightly accelerated. Mercurius and aconite were given, and I left the house but little prepared for the coming storm. I was summoned early the next morning, and found my little friend completely prostrate; he was almost unconscious, his face deadly pale, with the peculiar pallor about the ears, nostrils, and lips which are only seen in the severest cases. I learned that he had slept as usual up to twelve o'clock, then awoke vomiting; had vomited fifteen or twenty times, and now seemed in an almost hopeless condition. He, however, rallied from this, the eruption came out most abundantly, the throat and head symptoms were most severe; he finally became delirious and refused all food, drinks, or medicines, and died on the eighth or ninth day. I was assisted in the treatment by one of the oldest and most experienced homœopathic physicians.

"5th. About a year afterwards, I was summoned in counsel to an infant which had been born in the above family since the death of the former child; there was not the slightest sign of an eruption, but the same deadly pallor of the face and ears, profuse acrid discharge from the nostrils, plastic exudations upon the throat, and swelling of parotids; the child had already been sick under homœopathic treatment from the commencement, viz., for three or four days; I did not hesitate to pronounce the case to be one of malignant scarlet fever, which had not been previously suspected. It terminated fatally a few days later.

"6th. I was called in counsel by one of the most careful, strict, and experienced homœopathic physicians to see two children

with malignant scarlet fever, whom he had been treating for several days; they both were in a hopeless condition, and both died in a few days.

"7th. I was called in counsel, in company with the oldest and most experienced physician of our school in this city, to see two children who had been sick for several days under the treatment of one of our most prominent, careful, and strict homœopathic physicians; one seemed to be in an utterly hopeless condition, and died in less than twenty-four hours more; there seemed to be not only a reasonable, but a great amount of hope of ultimate recovery for the other, which remained under the exclusive care of the attending physician; but a few days after I learned that it also had died.

"8th. I was called in counsel to see an infant of eight or nine months of age, who had been sick with malignant scarlet fever and hooping-cough combined for four or five days, under the care of altogether the most pains-taking and conscientious homœopathic physicians of this or any other country. As the case had progressed so badly, I was allowed to follow out my own plans of practice, but the case terminated fatally in a few days more. There were profuse discharges from the nose, exudations upon the throat, swelling of the parotids, inflammation of the lungs, while the paroxysms of hooping-cough were severe and well marked; the eruption was distinct, but not abundant. The child had been exposed both to hooping-cough and scarlet fever.

"9th. I was called in counsel to see a fine boy, sick for two days, and utterly prostrate; he had been treated homœopathically by one of the most intelligent and liberal of our school; he died the same day.

"10th. I was called in counsel by one of my colleagues to see a girl, aged six or seven, sick for five or six days with scarlet fever in an aggravated form; the croupous symptoms were the most urgent; the voice was almost extinct, the breathing oppressed and creaking, plastic exudations upon throat, ichorous discharge from the nose, &c. She died a few days after.

"The majority of the above cases had been treated with the high dilutions and by competent physicians; all the cases with which I had anything to do were treated with the low dilutions and crude medicines, and every expedient with which I was acquainted, and approved of, was put in practice.

"11th. I was requested to take charge of a little girl who had been abandoned by her allopathic physician as being in a hopeless condition; two or three of her brothers and sisters had been severely sick, and had recovered under allopathic treatment. The throat and nostrils were completely blocked up with plastic exudations, the parotids were much swollen, and the symptoms of croup were very prominent. I applied dilute nitric acid to the throat and nostrils, used lard inunctions, &c., but without success; I had the advantage of the counsel of our oldest and most experienced homœopathic physician, who thought there was some hope of saving the case; but it died.

"12th. I was called in counsel, by the physician alluded to in Case 8th, to a child, whom he had treated from the commencement, four or five days in all, and in whom the pseudo-membranous anginose affection had already progressed down into the larynx; it died.

"13th. I was called in counsel by the same physician to see a little girl with the most intense inflammatory non-malignant case which he or I had ever seen; the brain symptoms were predominant, and the eruption most intensely developed; it died."

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Advice by a Retired Physician.—When Rowland Hill invented the penny postage stamp, and put in circulation the smallest paper money in existence, he little thought of the evil uses to which his admirable idea would be turned. He little anticipated that ingenious gentlemen, who roam about seeking whom they may devour, would, through its agency, manage to live upon the public in princely style, their whole stock in trade being an advertisement in the paper! In the number for January 24th, 1857, we drew attention to the alluring advertisement of "A Retired Clergyman" who was anxious to make the public acquainted with a recipe for nervous disorders—the trifling sum of six postage stamps being all he asked in return for his invaluable advice. But now the retired clergyman gives place to an aged figure, such as we used to see in the frontispiece of didactic volumes of a quarter of a century since, in the form of a venerable hermit dispensing to youth the health-giving mountain-herb, as thus:—

A RETIRED PHYSICIAN, whose sands of life have nearly run out, discovered, while in the East Indies, a Certain Cure for Consumption, Asthma, Bronchitis, Coughs, Colds, and general debility. The remedy was discovered by him when his only child, a daughter, was given up to die. He had heard much of the wonderful restorative and healing qualities of preparations made from the East India Hemp, and the thought occurred to him that he might make a remedy for his child. He studied hard, and succeeded in realizing his wishes. His child was cured, and is now alive and well. He has since administered the wonderful remedy to thousands of sufferers in all parts of the world, and he has never failed in making them completely healthy and happy. Wishing to do as much good as possible, he will send to such of his afflicted fellow beings as request it, this recipe, with full and explicit directions for making it up and successfully using it. He requires each applicant to inclose him six stamps—one to be returned as postage on the recipe, and the remainder to be applied to the payment of this advertisement. Address H. JAMES, M. D., 14, Cecil Street, Strand.

Charming picture! Admirable devotion of a green old age to the miseries (and postage stamps) of a suffering public! This sage, whose "sands of life have nearly run out," and who studied hard to save his child, and happily succeeded through the instrumentality of Indian hemp, should by no means hide his light under a bushel—the whole race of poor afflicted creatures, consumptive, asthmatic, bronchitis, and generally debilitated, have only to apply by letter at once at his mossy cell in that health-giving neighbourhood, Cecil Street, Strand; and so they will be cured. Behold, every morning this advertisement flies, on the wings of the press, to the fire-sides of hundreds of thousands of our countrymen, whose Arcadian simplicity with respect to quack medicines is too deep to fathom: over this simple crew this venerable old fisher of men casts his net—and what is the daily result! Watch the postman drop his bag at the door of the Retired Physician. Can there be more than one letter for the aged recluse? Is the man whose "sands of life are nearly run" troubled with a plentiful correspondence? There are hundreds of letters, and every letter comes laden with its due complement of postage stamps. The daily receipts of this aged individual from this source are known to average £10 per day; and this is not the whole of the contribution of the public to this deeply interesting individual. The receipt for the preparation of Indian Hemp is duly sent; but, as in the case of the "Retired Clergyman," the recipient, not being able to make anything of it, adopts the accompanying suggestion to send it for concoction to a certain quarter; here the second fleecing process begins; and where it ends we scarcely like to say. We are informed that the aged physician whose "sands of life are nearly run," is a hale and hearty American, who proposes to open another health-giving fount in the French capital, now that he finds himself firmly established with a princely income in the metropolis.

Thus the world wags in 1858. Scores of well-educated medical men are at this moment reduced to starvation point, and one quack is wallowing in wealth. Is it not infamous that respectable papers should give insertion to such an advertisement? Can any person be deceived as to its character? Can there be a doubt that it is intended to defraud? How, then, we ask, is it possible that honest men can consent day by day to put such palpably fraudulent announcements into circulation? The public health we make such a stir about is as the fat pasture ground on which designing quacks feed without let or hindrance—nay, with the approval of the government, and often with the support of the judges.

If the person calling himself H. James, M. D., were to kill any of his dupes by his doses of Indian Hemp, was in consequence put upon his trial, are not all the chances in favour of the judge recommending his acquittal in consequence of his ignorance? It is really monstrous that the most deadly poisons should be prescribed wholesale, through the medium of advertisements, by persons without any legal title to do so. We question if there are half a dozen physicians in London who can boast so large an income as this "Retired Physician," whose whole knowledge and stock-in-trade is summed up in a cunningly written advertisement. The proper punishment for this gentleman, whose "sands of life are nearly run," would be a sound outward application of good English Hemp to his own person. —*British Med. Journ.*, March 6, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Biological Society.—A biological society has been organized, as a department of the Academy of Natural Sciences, of Philadelphia. The following officers have been elected:—

Director.—J. Leidy, M. D.

Vice-Director.—W. A. Hammond, M.D.

Secretary.—Henry Hartshorne, M. D.

Treasurer.—Mr. Jas. W. Queen, M. D.

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Medical Graduates in 1858.

St. Louis Medical College . .	49
Missouri Medical College . .	25
Medical Department University of Nashville	109
Rush Medical College . . .	36
Medical College of Ohio . . .	43
University Medical College (Mich.) .	27
University of Buffalo . . .	9
New Orleans School of Medicine .	33
Medical College of Memphis . .	19

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Outrage on the Profession.—The following statement in the No. for April 22d of our contemporary, the *Boston Medical and Surgical Journal*, will undoubtedly awaken the indignation of the profession throughout the country.

"It was with feelings of deep pain and humiliation that we learned the news of the removal of Dr. J. R. Lothrop from the office of Superintendent of Rainsford Island Hospital, and of the appointment of Dr. Lemuel M. Barker in his place. This change was made wholly for political reasons. Not the shadow of complaint, we believe, has ever been made that Dr. Lothrop, who was appointed by Gov. Clifford, and has been retained by each succeeding administration until the present, has not discharged the duties of his office with entire satisfaction. The Inspectors, in their Annual Report, recently printed, give the following testimonial to his ability and fidelity: 'The Inspectors would renew their testimony to the efficient and faithful manner in which the Superintendent has discharged his duties. The firm, yet kind discipline he maintains, his successful treatment of disease, his self-possession in emergencies, his good common sense, united with high professional attainment and skill, are all that can be desired in a superintendent of this or any other kindred institution.'

"To add to the disgrace which this transaction has inflicted upon our State Government, the office made vacant by the removal of Dr. Lothrop has been filled by the appointment of a gentleman who is not even a member of the Massachusetts Medical Society; in other words, who is not recognized as a regular physician by the profession. Dr. Barker may be distinguished as a politician, for aught we know to the contrary, but he certainly is not favourably known as a medical practitioner. Is there any guarantee that he is capable of the 'successful treatment of disease,' that he has 'self possession in emergencies,' or 'good common sense, united with high professional attainment and skill?' How many respectable members of the profession are ready to vouch for his fitness for the situation of a hospital physician and surgeon? Are the lives of hundreds of poor sufferers to be entrusted to the hands of a man who is looked upon by the profession as an irregular practitioner?

"We had hoped that the appointments to the various State Hospitals would not become mere political gifts, to be held during the brief period of each administration, and we deeply lament that the present Governor should have seen fit to inaugurate a new order of things. Is it understood that the removal of Dr. Morris from the State Prison Hospital, and of Dr. Lothrop from Rainsford Island Hospital, are only precedents? Are the superintendents of the Insane Hospitals at Worcester and Taunton to follow? They are competent and faithful men; what, then, can save them? Must those important institutions also be managed by men whose term of office, wholly independent of professional skill, depends upon their political creed for the time being? If so, nothing but mismanagement can follow. To secure a competent resident physician to a large hospital he must be reasonably sure of permanency of office, as some compensation for the renunciation of private practice. If the incumbents of such offices are to become mere political weathercocks, the present excellent administration of our public institutions must give place to disorder, extravagance, and public disgrace.

"An earnest remonstrance against this unjust political measure, signed by about fifty of the most eminent physicians of Boston, has been presented to the Governor, but so unexpectedly was the blow struck,

that the remonstrance arrived too late to prevent it, though doubtless it would have been of no avail had it been earlier made. The medical profession will look upon this act as an insult, and we have no doubt that an intelligent community will condemn it as in every way unjust and inexpedient."

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Memphis Medical Recorder.—The No. of this journal for last March contains the following announcement:—

"Down to the present number, the *Medical Recorder* has been published as the property of the Faculty of the Memphis Medical College; by the acts of a recent faculty meeting, however, that body declines any further connection with its publication after the present number. The reason for doing so was the impossibility of collecting subscriptions, over three-fourths of the expense of its publication having been a dead loss to the faculty, though our subscription list is sufficient to pay the whole with a considerable profit, if it were collected. Now we are glad to see a healthy state of feeling growing up on this subject with regard to the medical press. A variety of circumstances have for some time concurred to foster the practice of publishing medical periodicals with a nominal subscription list, three-fourths of which it is known cannot be collected. Sometimes it is desired to establish an advertising medium in behalf of some institution; sometimes men who have the money to spare are willing to expend it for the purpose of advertising themselves; and, one way or another, the readers of medical periodicals have been led to think that they are published for some secondary advantage to accrue to their editors and publishers, and thus that they are bestowing quite sufficient patronage upon them if they take them in and read them, and that it is most unreasonable to expect pay in addition to this. The result is evil in all ways; first the country is deluged with trivial and ephemeral periodicals, published with all sorts of secondary objects; and, secondly, those which are worthy of patronage fail to receive their dues from the erroneous notions fostered in readers by the practice we have described. Two axioms, therefore, ought to be inculcated as a guide for our action in all matters relating to medical literature. First, the true test of a periodical being really wanted, is the existence of a sufficient number of pay subscribers; and, secondly, when one has been established on those principles, it should never be sent to those who do not pay, except in the few cases where it is understood from the first to be sent as a matter of compliment."

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Distribution of Lunatic Asylum Reports.—The Association of Medical Superintendents of American Institutions for the Insane, at their late annual meeting, in New York, wishing to diffuse as widely as possible the knowledge of mental disease, and the means which are and have been used to manage and relieve it, and also desiring to make their own experience and observations as useful and profitable to others as may be, voted unanimously,

"That the Superintendent or government of each Hospital or Asylum for the Insane, should be advised to send, by mail, or otherwise, one copy or set of all past reports as complete as possible, and a copy of all future reports of their several institutions, to certain public libraries, and literary and scientific associations, in the several states of America, for permanent preservation and use.

"That a committee be appointed to select and designate these depositories of the hospital reports, and to publish the list when so selected and prepared, in the *Journal of Insanity*, for the information and guidance of the several Superintendents.

"Dr. Edward Jarvis, of Dorchester, Mass., was appointed as this committee."

In pursuance of the above vote, the committee have prepared and published a list of the libraries, and which should be permanent recipients of these reports. This list is too long for us to insert it. We regret to find, on looking over it, that the library of the College of Physicians of Philadelphia (which should have headed the list for the State of Pennsylvania) is entirely omitted.

The Committee, in closing their report, very justly remark "that it is for the credit and honor of the superintendents and managers of these noble charities, that their reports and the histories of their doings should be everywhere read, and the results of their observations and experience be everywhere known, and that it is for the good of humanity that these records should be diffused as widely, and placed within the reach of as many as possible. It is reasonable to expect that all the officers of these institutions

will concur in the vote of the Association, and send all their past and their future reports to the depositories which have been designated by the Committee, for permanent preservation and universal use."

We trust that the appeal will be generally responded to.

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Jefferson Medical College.—We learn that Dr. SAMUEL HENRY DICKSON, of Charleston, S. C., has been elected to the chair of Practical Medicine in this school, recently rendered vacant by the death of Dr. J. K. Mitchell. Dr. Dickson has for many years occupied the chair of Practical Medicine in the Medical College of the State of South Carolina. He is a gentleman of enlarged experience, and an able and popular lecturer. We shall welcome with much pleasure our old friend and fellow-student among us.

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Maryland College of Pharmacy.—Dr. FRANCIS DONALDSON has been elected Prof. of Materia Medica in this school. His appointment will doubtless give satisfaction.

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Medical Department of the University of Louisiana.—Dr. J. C. NOTT has resigned the chair of anatomy in this school, and returns to his former residence, Mobile.

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Medical College of Georgia.—Dr. JOSEPH JONES has been elected Professor of Chemistry and Pharmacy in this school. Dr. Jones is a graduate of the University of Pennsylvania, and has most industriously devoted himself to physiological and chemical researches. Though a very young man and graduate, of but two years' standing, he has already established a reputation for industry and research by various valuable papers published in the *American Journal* and in the *Transactions of the Smithsonian Institution.*

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OBITUARY RECORD.—It is with deep regret that we record the death of Dr. JOHN K. MITCHELL, Professor of the Practice of Medicine in Jefferson Medical College. He died in this city on the 6th of April, aged 65 years. Dr. M. was well known as a zealous physiological and chemical experimentalist and cultivator of our science. He had for many years a large practice, and long enjoyed an extensive popularity as a pleasing lecturer, and for his fine social qualities.

FOREIGN INTELLIGENCE.

On Catoplasms and Caloric in Chronic Arthritis.—For a very long period M. TROUSSEAU has derived the greatest advantage from the application of cataplasms to joints suffering from chronic inflammation; cataplasms, however, prepared in the following way: When the knee or other large joint is the one in question, 3 lb. (troy) of bread are boiled down to a consistency admitting of its due application and retention on the part. When the bread has nearly reached such consistency 20 or 30 drachms of spirit of camphor are to be added, and the boiling continued awhile. The poultice thus prepared is to be put on cloth, and the following mixture is to be spread over its surface, viz., powdered camphor, extract of belladonna, āā 150 grs., extract of opium 75 grs., alcohol q.s. to render the extract sufficiently soft. Finally, to prevent the cataplasm becoming dried at its edges, these are covered by a slight coating of glycerine. This poultice is an expensive one at first, but then it is to continue applied for eight or nine days, during which time it retains its moisture, and does not undergo fermentation. The poultice is surrounded by a large piece of oiled silk, and by flannel bandages. The case which gave occasion to this description was a serious example of puerperal arthritis, in which leeches and the ordinary cataplasms had failed to give relief. From the time this other form of poultice was applied, amelioration became progressive, and after the third application, *i. e.* twenty-five days of treatment, the limb, before inflexible, could be moved, and the pain had nearly gone. For the next fortnight, linseed poultices, on which a mixture of belladonna and opium was spread, were applied; and then, as the condition of the joint seemed stationary, bags of sand, heated almost to burning, were laid on the knee. After two days' application of the hot sand, which was repeated twice in the twenty-four hours, the improvement again became considerable. In M. Trousseau's opinion, some of the mineral waters which are of such remarkable efficacy in chronic phlegmasias owe this rather to their excess of caloric than to their chemical composition. By means of bags of hot sand, hydrarthroses, which have resisted the usual treatment, sometimes dis-

appear with remarkable rapidity.—*Med. Times and Gaz.*, March 20, from *Gaz. des Hôp.*, No. 104, 1857.

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Bromide of Potassium in Spermatorrhœa and Satyriasis.—M. Binet strongly recommends this substance, which may either be given in powder or solution, according to the following formulæ: ℞.—Brom. pot. xv to xxx gr.; sacchar. gr. c; divide in xii; cap. i. 2dis. horis. ℞.—Brom. pot. ℥v; aq. ℥lxxv. Dose, a tablespoonful.—*Med. Times and Gaz.*, March 20, 1858, from *Presse Belge.*

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Chlorine in Dissection Wounds.—M. Nonat states that since 1830 he has repeatedly treated even serious cases of dissection wounds with the best effect by means of solution of chlorine. If the wound is recent, it should be at once freely washed with water, and if it is large and bleeding such washing will usually suffice; but when it is narrow the washing is not enough, and the chlorined water must be also employed. When the wound even dates several days, is painful and inflamed, and is accompanied by inflamed absorbents and general symptoms, the chlorine will give relief, providing symptoms of purulent infection have not set in. Some inspirations of chlorine may be usefully conjoined.—*Ibid.*, from *Gaz. des Hôp.*, 1857, No. 97.

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Phosphate of Zinc.—This preparation has been for a considerable time employed as a nervine tonic by Dr. Barnes in his practice at the Metropolitan Free Hospital and on board the Dreadnaught. It is generally prescribed in combination with free phosphoric acid, and Dr. Barnes is inclined to think that he has obtained from it better effects than could have been had from either of the components given alone. The dose is from two to five grains. The cases in which it is recommended are those of epilepsey, and other nervous disorders occurring in enfeebled persons, and it is thought to be especially useful after exhaustion of the nervous system from over-excitement. Although the merit of introducing the salt in question into notice belongs, we believe, to Dr. Barnes, yet probably many of us have long ago been in the habit of prescribing together sulphate of zinc and phosphoric acid, which would come to about the same thing.—*Med. Times and Gaz.*, March 13, 1858.

Brass Button in the Nostril.—Mr. Mulholland lately exhibited to the Belfast Clinical and Pathological Society a brass button which he had removed from a child's nostril, after it had remained there thirteen months, and had induced fistula lachrymalis.

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Phosphorus as a Poison.—M. Chevallier declares that in France at the present time phosphorus is the most dangerous form of poison known, having replaced arsenic, which is now so difficult to obtain, while there are less certain antidotes known for phosphorus than for any other poison. He has collected references to 86 cases of poisoning by phosphorus, of which number 21 arose accidentally, 25 were from suicidal intention, and 40 from criminal poisoning. Of these 86 cases, in 51 chemical matches supplied the phosphorus employed; and it is found that these cases are on the increase, just as cases of poisoning by arsenic are on the decrease. M. Chevallier also feels convinced that of late years a fourth at least, if not a third, of the fires that have occurred have been caused by these matches, whether from their careless employment, or from peculiar causes having given rise to their inflammation. He therefore calls upon the authorities to interdict all matches that are not fabricated with amorphous phosphorus, which, while they are innocuous to life and property, do not give rise in their manufacture to disease of the jaw among the *employés.*—*Ibid.*

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Hydrated Alumina as a Decolorizing Agent.—The *Gazette des Hôpitaux* states that M. Charles Mene has found that hydrated alumina is a more convenient and cheaper decolorizing agent than animal charcoal. He had noticed that hydrated alumina combines with colouring matter to form what is called lac, and thought it might perhaps act as a decolorizing substance. He obtained for his experiments hydrated alumina by decomposing alum with carbonate of soda. This alumina, boiled with carmine or litmus, gave a coloured precipitate, and the filtered fluid was quite colourless. This same hydrated alumina, boiled with compound syrups and molasses, immediately removed their colour. These facts are worth noting.—*Lancet*, March 27, 1858.

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Non-Liability of Scientific Men to be Subpœnaed to give Evidence.—Lord Campbell

gave a judgment at Warwick, on Monday, of considerable interest to scientific men likely to be called upon to give evidence in courts of justice. "A scientific witness having asked his opinion as to whether he was bound to attend upon being served with a subpœna, he would say that a scientific witness was not bound to attend, and ought not to be subpœnaed. If he knew any question of *fact*, he might be compelled to attend, but Her Majesty's subjects were not compellable to give their attendance to speak on matters of *opinion*." This should be jotted down among the things which should be, but are not, generally known.—*Med. Times and Gaz.*, March 27, 1858.

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Application of Photography to Anatomy and Surgery.—A French journal, *La Lumière*, in a recent number, speaks of some useful applications of photography to anatomy and surgery—a subject to which we alluded some time ago. A young medical man has produced some admirable stereoscopic representations of the lymphatic vessels of the human body. The value of the application is the more evident in this instance, since, as is well known, the ordinary anatomical preparations of the lymphatics are very difficult to preserve, from the liability of the mercury to burst through the vessels and escape. It is intended also to produce similar representations of the vascular and nervous systems. M. Nélaton, the eminent French surgeon, has had attached to the *clinique* of the School of Medicine in Paris an artist, whose special duty is to take representations of the cases before and after operation. The *Gazette des Hôpitaux*, in mentioning this fact, expresses an opinion that the adoption of a similar plan in the various Parisian hospitals would provide for the permanent record of facts which are very rarely to be met with. In the hospitals of this kingdom, too, a regular system like that adopted by M. Nélaton, and the formation of museums of photographic illustrations of anatomy and surgery, would be of great benefit to practitioners and to students. Even as a means of instruction in the forms and disposition of comparatively ordinary objects, the photographic art, especially if aided by the stereoscope, would be a valuable auxiliary in the medical schools of our universities and hospitals.—*British Med. Journ.*, March 6, 1858.

Latent Light.—Mr. Grove has given the following summary of M. Niepce's experiments on this curious subject: "An engraving which has been for some time in the dark is exposed to sunlight as to one half, the other half being covered by an opaque screen; it is then taken into a dark room, the screen removed, and the whole surface placed in close proximity to a sheet of highly sensitive photographic paper. The portion upon which the light has impinged is reproduced on the photographic paper, while no effect is produced by the portion which had been screened from light. White bodies produce the greatest effect, black little or none, and colours intermediate effects. An engraving exposed as before, then placed in the dark upon white paper, conveys the impression to the latter, which will, in its turn, impress photographic paper. Paper, in a tin case, exposed to sunlight, then covered up by a tin cover, will, when opened in the dark, radiate from the aperture phosphorescent force, and produce a circular mark on the photographic paper, and even impress on the latter the lines of an engraving interposed between it and the photographic surface. Phosphorescent bodies produce similar effects in a greater degree, and bodies which intercept the phosphorescent effect intercept the invisible radiations. A design drawn by a fluorescent substance, such as a solution of sulphate of quinine on paper, is reproduced, the design being more strongly impressed than the residual parts of the paper."—*Med. Times and Gaz.*, April 10, 1858.

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Appointments. — William Lawrence, Esq., F.R.S., &c., has been appointed one of the Queen's Sergeant-Surgeons in ordinary, in the room of the late Benjamin Travers, Esq.

Edward Stanley, Esq., and James Paget, Esq., have been appointed Surgeons Extraordinary to the Queen.

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Obituary Record.—Died, March 6, 1858, of disease of the heart, Benjamin Travers, Esq., F.R.S., Surgeon Extraordinary to the Queen, and Surgeon in Ordinary to H. R. H. the Prince Consort, in the 75th year of his age.

—— In London, on the 2d of April, Sir James McGrigor, formerly Director-General of the Army Medical Department, aged 87.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Diabetes following a Blow on the Head—A woman recently under the care of Dr. TODD, in King's College, in consequence of the effects of a blow on the head, afforded an interesting example of the occurrence of saccharine urine after cerebral concussion. She had fallen down a flight of stairs, and was admitted with numerous contusions about the scalp, and with hemiplegia and rigidity of the right side. The urine examined on the twentieth day, had a specific gravity of 1021, and contained a small quantity of sugar. Subsequently the sugar was diminished to an almost imperceptible amount, and the specific gravity fell. She never recovered from the paralysis of motion, and the affected muscles wasted. Some of our readers may perchance recollect a case treated by Dr. Goolden some years ago, to which we then adverted, in which a railway stoker was struck violently on the occiput by the handle of a crane, and became diabetic during the illness which followed. Neither in him, nor in Dr. Todd's case just adverted to, was there any reason for suspecting that diabetes had been present prior to the infliction of the injury.—*Med. Times and Gaz.*, May 15, 1858.

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Belladonna in Incontinence of Urine.—We have had occasion lately to see two more cases among Mr. POLLOCK's outpatients at St. George's Hospital, in which belladonna has been administered in incontinence of urine with the same favourable result as we have had so often occasion to notice in former cases. The first patient

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

was a boy aged 10, who had suffered for a long time from incontinence of urine, without any visible cause. All the usual remedies had been tried, but with no good effect. He made water constantly in the daytime, and very frequently at night. He was sounded, but no stone was detected; and the urine, on examination, appeared quite healthy. He was ordered one-twelfth of a grain of extract of belladonna three times a day, and five grains of calomel and scammony twice a week. The belladonna produced an immediate effect, marked improvement being noticed even after the first dose. After rather more than a month's attendance, he was discharged quite cured.

In the other case, the incontinence followed the operation of lithotomy, performed some months ago by Mr. Pollock. Here, also, the same treatment was effectual in relieving the symptoms; but the patient was not quite cured when we last saw him, although there seemed little doubt of his speedy recovery.—*British Medical Journal*, March 27, 1858.

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Treatment of Apoplexy.—Regarding the cerebral hemorrhage when once produced as a "fait accompli," M. Trousseau adopts no treatment, resolution of the effused blood taking place as well or better when nothing is done. In place of bleeding such a patient, keeping him in bed and starving him, he makes him sit up, allows him to eat, and abstains from medication. Since he has adopted this plan of procedure he feels convinced that his patients have recovered better and more rapidly than when he was in the habit of keeping them in bed, and resorting to medicinal treatment.—*Dublin Hosp. Gaz.*, April 1, 1858.

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Large Calculus in a Lad aged Eighteen.—Patients frequently present themselves at our hospitals who have for years endured their sufferings without seeking for relief, only doing so at last when their maladies are likely to occasion a great deal of trouble. A case of this kind we saw at Guy's Hospital on the 9th ult., of a lad of eighteen years, who had had stone most probably from infancy, but none was detected ten years ago, when he was sounded at an hospital. He is a resident of Bermondsey, close to the Borough Hospital; and had at last become such a sufferer from the presence of stone in the bladder, that he sought advice and admission at Guy's. Lithotomy was performed on him on the 10th ult., when the stone was found to be very large indeed, and consequently difficult of extraction; but fortunately it was a soft phosphatic calculus, and easily broken into pieces, which were then removed. The bladder was sacculated, and many of the fragments became lodged in these pouches, thus giving some trouble to get them away. The mucous membrane of the bladder was coated with calculous deposits, firmly adhering to it. The operation chosen for this patient was Allarton's, which answered very well. There was a good deal of hemorrhage, but it was not due to the operation itself. The lad was very low after it, and rallied very slowly. His progress for some days afterwards was by no means satisfactory, and he died on the ninth day, from extensive sloughing of the cellular tissue around the bladder. The kidneys were found much diseased, and both ureters were greatly dilated.—*Lancet*, April 10, 1858.

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Fracture of the Patella.—It is not often that actual bony union of the patella takes place in cases of fracture, but that it does so sometimes is a fact beyond dispute, although there are some surgeons who declare that a fractured patella is never united but by ligament. A good deal depends upon the nature of the fracture—that is to say, the direction in which it takes place, and the amount of separation of the fragments. The fissures of the fracture may be perpendicular, oblique, or transverse. With the first of these there is not only very little deformity or displacement, but it may be treated with facility as contrasted with the other two. An example of each of the latter was recently under the care of Mr. Cooke, at the Royal Free Hospital. Both were treated by the application of the figure of 8 starch bandage, great care being taken to bring the surfaces of the broken bone well together. The first of these is still in the hospital, and was an oblique fracture, with the ends widely separated. Union has ensued so closely as to appear to be osseous, but we think it is because there is not the least flexibility about it; and the fracture was put up a few hours after it happened, thus affording every facility for bony union to occur. The second case was a transverse fracture: and the patient went out a few days after the bandage was put on, and still

wears it. Neither patient, we are informed by Mr. O'Loughlin, the house-surgeon, was kept in bed. In the second case we believe the union is ligamentous.—*Lancet*, April 10, 1858.

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Ranula, removed by Dissection, after the Failure of Incision and the Seton.—The female in whom this occurred had been treated by the usual mode of incision before she came to Mr. Walton at St. Mary's. The ranula, seated on the right side of the mouth, was decidedly large, and interfered with mastication and speech. This was the second time the patient had been in the operating theatre. Mr. Walton reminded his class that she was the same individual on whom but a few weeks ago he had applied his favourite plan of cure, namely, the seton, one which, as he had mentioned on that occasion, very frequently succeeded. However, here it was not successful, the threads having ulcerated out, without producing that kind of inflammatory action which was requisite to destroy the secreting surface of the tumour. He should, therefore, proceed to dissect away the entire tumour. The operation was readily done with a pair of tenaculum forceps, and a small scalpel. No vessel was tied. A small one, close to the jaw, was rather inclined to continue to ooze; but as it was difficult to reach, washing out the mouth with cold water was trusted to, and the hemorrhage soon ceased. In some of the after remarks, Mr. Walton alluded to the great ease with which he had accomplished his task, and that the chief care required was to keep the tongue aside, which was well done by his assistant, and to avoid wounding it. The patient left the hospital on the fourteenth day quite well, and with no perceptible alteration in the form of the mouth. the cavity being shallowed somewhat on that side.—*Ibid.*

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Injection of Alum into a Popliteal Cyst.—A middle-aged, robust man came, in January last, under the care of Mr. Barwell, at the Charing-Cross Hospital, with a defined fluctuating swelling developed beneath the superficial fascia of the popliteal space; its hardness and elasticity, with the absence of all constitutional symptoms, led to the belief that it was a cyst with thin walls, containing serum or serous-like fluid. Mr. Barwell punctured it with a small trocar, emptied the tumour, and then by means of bandage and pad applied considerable pressure to the part, in the hope that the walls of the cyst would adhere. In a few days, however, the tumour appeared as large as ever; in fact, exactly as it had been before. It was again punctured, and when emptied, there was injected through the canula a solution of alum, containing four grains of the salt to an ounce of water; this was left in ten minutes, and then emptied through the tube so thoroughly that the fluid measured its former quantity, viz., four drachms. Pressure was reapplied, and persevered in; and in a week there was no sign of the tumour. The man came under the surgeon's observation a few days ago, and he is still quite free from any trace of his former complaint.

It is not often that these cysts have been subjected to such treatment, since the fear of producing inflammation and abscess usually prevents such practice; but Mr. Barwell's experience leads him to believe that if the stimulant used be sufficiently weak, and if care be taken thoroughly to empty the cyst thereof, no such fear need be entertained.—*Ibid.*

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Interesting Eye Cases.—We saw lately at St. Mary's Hospital, under the care of Mr. White Cooper, an operation for extraction of cataract, which offered the most unusual complication of difficulties. The patient suffered from a nervous movement of the lids and ball of the eye, which kept both in constant tremor most difficult to arrest. The conjunctiva was naturally hypervascular, so that from an accidental prick it bled continuously; the eyeball deeply set in the orbit. Immediately on the completion of the section of the cornea, the aqueous humour, nearly as fluid as water, began to escape, and it required most careful management to cause the large hard lens to pass through the rigid pupil. It was at length accomplished, and the patient did well, though the section was very slow in uniting.

Not long since we had the opportunity of seeing a curious case—a young woman with hard, staphylomatous projection of the left cornea, which had existed since early youth. She had never been able to lie on her back or right side, but always lay with her head turned to the left, otherwise violent sneezing came on. When she laid down to take chloroform for the operation, such sneezing and choking ensued that all were greatly

puzzled; but on her being raised to a sitting posture, this at once ceased. Mr. White Cooper sliced off the staphyloma, and from that moment the tendency to sneezing disappeared, and, to her great surprise, she could lay on her back or either side indifferently.

Another interesting case was that of a young woman who had been bitten by a dog through the left upper eyelid, and the eye itself lacerated. There was complete ptosis; the pupil was drawn upwards and inwards to the wound, and covered by the lid, so that the eye was useless. Mr. White Cooper punctured the cornea at the lowest part, and with a Tyrrell's blunt hook dragged down the pupil, and fixed the iris in the wound. The ptosis was treated partly by excision and partly by acid. The lid is now clear of the elongated pupil, and the eye rendered useful.—*Lancet*, May 1, 1858.

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Operation for Strabismus.—Mr. Walton operated at the Central London Ophthalmic Hospital, on a girl six years old, for single internal squint of the right eye. Mr. Walton proceeded to make the small incision in the conjunctiva, close to the cornea according to his accustomed method, when a peculiar adhesion of this membrane to the eyeball attracted attention. It required unusual care to open it sufficiently, and the preternatural intimacy between the parts was an obstacle to the ready passage of the hook for the securing of the muscle. Mr. Walton showed that there was no external evidence of the existing peculiarity, which should, so soon as detected, make an operator exercise more than ordinary care in his proceedings; and also that in this, and all like instances, it was impracticable to divide the muscle subconjunctivally. He alluded to the uncertainty of this method as devised by M. Guérin, even in ordinary cases. The operation of tenotomy, as practised for distortion in the limbs, was not in like manner applicable to strabismus.

Mr. Walton holds that, in this plan of operating, there is far less disturbance of the appendages of the eye than in any subconjunctival method. All who have seen M. Guérin's method must have been struck with the frequent attempts that are made, whether knife or scissors be used, to divide the muscle, and of the consequent wounding and laceration of the ocular sheath, and the subconjunctival fascia. It is impossible to inflict less injury, and at the same time to operate effectually, than by Mr. Walton's plan. The incision he makes through the conjunctiva is less than that which many of the so-called subconjunctival operations require; and the employment of sutures causes a very rapid union of the small wound.—*British Med. Journal*, March 20, 1858.

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Invariably Successful Issue of Operations in a Provincial Hospital of France.—M. Bardy-Delisle, surgeon to the Périqueux Hospital (France), states, in a late number of the *Gazette Médicale de Paris*, that in five years, 1853–1857, his colleague, M. Galy, and himself performed eleven operations of importance, after which *all* the patients recovered. He confesses that the number is small, but contends, with much propriety, that this *invariable* success has much significance. There is in great and populous cities a peculiar state of the atmosphere, which acts in a deleterious manner. Of this every one will be convinced when examining the statistics of operations in London and other large capitals. From tables drawn up by M. Malgaigne, for instance, it appears that in the Paris hospitals, the mortality after amputations of the thigh is 70 per cent.; after amputations of the leg, 55 per cent.; and of the arm, 45 per cent.; so that the mean is *above* 50 per cent. The operations performed at the small Périqueux Hospital were the following: Amputations of limbs, 4; disarticulations, 2; resection, 1; removal of large tumours, 4; making a total of 11, all of which recovered.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The Association held its eleventh annual meeting, this year, in the City of Washington. The number of delegates present was very large—about five hundred. As usual, there was much harmony of sentiment, and the strong determination manifested to uphold the ethics of the profession was extremely cheering. If any one who was present ever entertained doubts of the moral force of the Association, such doubts must have been dissipated by what there occurred. The meeting was

in all respects a most satisfactory and delightful one. Receptions were given to the Association by the President of the United States and by Judge Douglas, and by several members of the profession.

The last day was devoted to an excursion to Mount Vernon, and was, we are told, a most delightful one.

All that the most liberal and elegant hospitality could furnish was provided by the brethren of Washington for the entertainment and gratification of their guests, and we are confident that the meeting in Washington will be admitted by all to be among the most delightful ever held.

We subjoin an abstract of the business proceedings of the Association:—

TUESDAY MORNING, *May* 4, 1858.

The Association assembled in the beautiful and commodious lecture-room of the Smithsonian Institution, at 11 o'clock A.M., when the chair was taken by the President, Dr. Eve, of Nashville.

Dr. R. C. Foster, of Tennessee, and A. J. Semmes, of Washington, Secretaries, were present.

The chairman of the Committee of Arrangements, Dr. Harvey Lindsley, welcomed the members in a brief and pertinent address.

The names of the delegates who had registered were reported by the Committee of Arrangements, and the roll was then called by the Secretary. Twenty-five States, the District of Columbia, the Medical Staff of the U. S. Navy, and the American Medical Society in Paris were represented.

Dr. Lindsley, chairman of the Committee of Arrangements, reported that it was proposed the Association should hold but one business session each day, from 9 A. M. until 3 P. M.; which proposal was on motion adopted. He also announced that the President of the United States would be happy to receive those members of the Association who might call at the Executive mansion at eight o'clock in the evening, and such ladies as may accompany them. He further stated that there had occurred a vacancy in the Committee of Arrangements, which had been temporarily filled by the appointment of Dr. J. M. Snyder, and he asked the Association to confirm this act, which was on motion adopted.

A recess of fifteen minutes was then ordered, to enable the different State delegations to nominate one of their number to constitute the Committee of Nomination. A question having been started as to the right of the army and navy delegations to be represented in this committee, the chair decided in their favour, and this decision was sustained by the Association.

On re-assembling, the following gentlemen were reported by the delegations as having been selected by them for the Committee of Nominations:—

Maine—Job Holmes.
New Hampshire—Geo. H. Hubbard.
Vermont—P. Pineo.
Massachusetts—Ebenezer Alden.
Connecticut—Ashbel Woodward.
Rhode Island—J. Mauran.
New York—H. D. Bulkley.
New Jersey—J. P. Coleman.
Pennsylvania—Isaac Hays.
Delaware—H. F. Askew.
Maryland—S. P. Smith.
District of Columbia—Noble Young.
Virginia—A. S. Payne.
North Carolina—W. H. McKee.
South Carolina—Wm. T. Wragg.
Georgia—Joseph P. Logan.
Alabama—J. T. Hargraves.
Kentucky—R. J. Breckinridge.
Tennessee—J. Berrian Lindsley.
Missouri—Wm. M. McPheeters.
Ohio—George Mendenhall.
Indiana—Calvin West.
Illinois—A. H. Luce.
Michigan—Zina Pitcher.
Iowa—Thomas O. Edwards.
California—O. Harvey.
United States Navy—George Clymer.

On motion, Drs. Bohrer, of D. C., A. Flint, of New York, and J. T. Hargraves, of Alabama, were appointed by the President a Committee on Special Essays.

The Chair announced that Dr. D. Meredith Reese, of New York, desired permission to make a communication, which having been granted, Dr. Reese read the following statement:—

"*To the Officers and Members of the American Medical Association*—

"The undersigned, one of the Vice-Presidents of the American Medical Association, having, during the interval since our last annual meeting, certified to the professional fitness for the charge of the Blockley Hospital, at Philadelphia, of an individual who had been expelled from this body for a

violation of our code of ethics, after consultation with the other officers, and yielding to the advice of other personal friends, desires to say to the Association now assembled—

"1st. That, in giving said certificate, he was prompted solely by motives of sympathy and humanity to a fallen brother, who had been a personal friend prior to his offence; and that he did not realize, acting under the impulse of the moment, that his individual act could be construed by the profession as indicating hostility to his brethren.

"2d. That while his own mind is clear that his certificate contained only the truth, and that, under his peculiar relations to the party concerned, he could not withhold his certificate of medical qualification consistent with conscience and duty, yet he is ready to concede that he had no abstract right to relieve the party from the censure of the Association until this body had restored him to its fellowship.

"3d. That, so far from intending any disrespect to the Association, or to its act of discipline, the undersigned had publicly sustained and defended both. He therefore disclaims the inference from his certificate that he intended to recommend to a high professional office a man whom the Association had excluded, and thereby nullify the action of this body.

"And, finally, with these statements and disclaimers, the undersigned, while retaining his own opinion of the rectitude of his motives, and of his duty, under the peculiar circumstances of the case, is nevertheless prepared to defer to the judgment of those whom he knows to be his friends, that he erred in doing what he had no right to do, in view of his official position in the Association, and is hence called upon to offer this explanation and apology to his brethren. DAVID M. REESE."

Dr. Condie, of Pennsylvania, moved that the apology be received.

An amendment to this motion, declaring that the Code of Ethics of the Association had been violated, was offered. The amendment was not agreed to; and the original motion of Dr. Condie was adopted.

On motion of Dr. Atlee, of Pennsylvania, the statement of Dr. Reese was ordered to be entered upon the minutes.

Dr. James Bryan, of Pennsylvania, said that he was in the same position with Dr. Reese, and offered a similar statement, which was, on motion of Dr. Condie, of Pennsylvania, received.

On motion of Dr. Lindsley, of D. C., Dr. Paul F. Eve, of Tennessee, the retiring President, delivered the annual address.

On motion of Dr. Atlee, of Pennsylvania, the President was requested to furnish a copy of his address for publication in the *Transactions* of the Association.

Reports from Standing Committees being in order, Dr. Grafton Tyler, of D. C., Chairman of the Committee on Prize Essays, submitted the following report:—

"The Committee on Prize Essays report that the Essays received were three in number, each of which has been examined by them with great care, considering, first, the intrinsic merits of each essay, and then their merits in relation to each other.

The Committee have discharged the responsible and delicate duty imposed upon them, with a consciousness of its great importance, and are gratified to be able to declare two of the essays submitted to their consideration, in their judgment, each worthy of a prize. The third they also highly commend.

The Committee award the first prize to the essay entitled "An Essay on the Clinical Study of the Heart Sounds, in Health and Disease." It bears the motto, "*Clinica clinice demonstrandum.*"

They award the second prize to the essay entitled "An Essay on Vision, and some of its Anomalies, as revealed by the Ophthalmoscope." It bears the motto, "*Dux Hominum, medicus est.*"

GRAFTON TYLER,
J. C. HALL,
JNO. FRED. MAY,
THOMAS MILLER,
JOSHUA RILEY,
W. J. C. DUHAMEL,
A. J. SEMMES,
Committee on Prize Essays.

On motion, the report was accepted, and the essays were referred to the Committee on Publication. Dr. G. Tyler, then in the presence of the Association opened the sealed packets, disclosing the names of the authors, and found the "Essay on the Clinical Study of the Heart Sounds, in Health and Disease," to which was awarded the first prize, to have been written by Dr.

Austin Flint, of Buffalo, N. Y.; and that the "Essay on Vision, and some of its Anomalies, as revealed by the Ophthalmoscope," to which was awarded the second prize, to have been written by Dr. Montrose A. Pallen, of St. Louis, Missouri.

Upon the motion of Dr. Palmer, of Michigan, and by general consent, Drs. Flint and Pallen each favoured the Association with a brief synopsis of their essays.

Dr. Lindsley, from the Committee of Arrangements, presented a letter from Capt. M. C. Meigs, U. S. Engineers, calling the attention of the Association to the subject of Ventilation, and inviting the members to visit the capitol extension, with a view to its examination, in this connection; also, a letter from Dr. C. H. Nichols, in charge of the U. S. Hospital for the Insane of the Army and Navy, and of the District of Columbia, inviting the members to visit that establishment; and a communication from the Rev. Bernard A. Maguire, President of Georgetown College, inviting the Association to visit the Institution.

On motion of Dr. Hammond, of New York, these several invitations were accepted, and the thanks of the Association were accorded therefor.

On motion of Dr. H. Lindsley, Chairman of the Committee of Arrangements—

The Hon. Drs. Fitch, of Indiana, Chaffee, of Massachusetts, Clawson and Robbins, of New Jersey, and Shaw of North Carolina, members of Congress, and Dr. Peter Parker, Ex-Commissioner to China, and H. Dean, of Maryland, were elected "members by invitation," and requested to participate in the proceedings of the Association.

On motion, Assistant Surgeon Frederick A. Rose, of the British Navy, who so nobly volunteered his services on board the United States Ship Susquehanna, at Port Royal, and who came in her to New York, devoting himself to the sick crew, was unanimously elected a "member by invitation," and invited to take a seat upon the platform. [It was supposed at the time that Dr. Rose was in the city, but it was ascertained that he had left.]

Dr. Francis G. Smith, of Philadelphia, Chairman of the Committee on Publication, made his report, which was accepted, and referred to the Committee on Publication.

Dr. Caspar Wister, of Philadelphia, Treasurer, presented his annual report, accompanied with the following resolutions, the adoption of which he recommended:—

Resolved, That on or after any annual meeting of this Association, each of the back numbers of *Transactions* shall be sold at $2 a piece to permanent members, except that published during the year next preceding—this to continue at the price paid for it by delegates till the next annual meeting; and also

Resolved, That as certain volumes are in great excess, the four volumes (v. vii. viii. ix.) shall be sold collectively to any permanent member who shall remit $5 to the Treasurer.

The report was accepted, and referred to the Committee on Publication, and the resolutions were adopted.

The Special Committee on Medical Education, of which Dr. G. W. Norris, of Philadelphia, is Chairman, were called upon to report. There was no response; and, on motion, the subject was referred to the Committee on Nominations.

Dr. A. B. Palmer, Chairman of the Committee on Medical Literature, asked leave to defer his report until Wednesday, at 10 o'clock; which was granted.

The Committee of Nomination, through their Chairman, reported the following for officers for the ensuing year, which report was adopted.

President.—Dr. Harvey Lindsley, of Washington City.

Vice-Presidents.—Drs. W. L. Sutton, of Kentucky; Thomas O. Edwards, of Iowa; Josiah Crosby, of New Hampshire; and W. C. Warren, of North Carolina.

Secretary.—Dr. A. J. Semmes, of Washington City. [The other Secretary will be nominated when the location of the next meeting of the Association is selected.]

Treasurer.—Dr. Caspar Wister, of Philadelphia.

On motion. Drs. Flint, of New York, Gross, of Pennsylvania, and Gibbes, of South Carolina, were appointed a committee to conduct the newly-elected officers to their seats.

Dr. Lindsley, having been introduced to the Association by the retiring President, made a few pertinent remarks, acknowledging the honour as the highest he had ever been called upon to receive, and the highest that any medical man in America can receive.

On motion, the thanks of the Association

were unanimously accorded to the retiring officers, for the able manner in which they had performed their duties; and they were also invited to take seats upon the other platform.

On motion, the Ex-Presidents of the Association present were invited to take seats on the platform.

On motion of Dr. Palmer, of Michigan, it was ordered that the Special Committee on Medical Education (Dr. Jas. R. Wood, of New York), report Wednesday morning, immediately after the report on Medical Literature.

Next in order were reports from the Committees on Medical Topography and Epidemics, from each of the several States of the Union. The report from Maine was referred to the Committee on Nominations.

New Jersey being called, Dr. Lyndon A. Smith, Chairman of the Committee, read extracts from his report, which was referred to Committee on Publication.

The Association then, on motion, adjourned until Wednesday morning, at 9 o'clock.

WEDNESDAY, *May* 5.

The Association was called to order at 9 o'clock by the President, Dr. Lindsley.

The minutes of the first day's proceeding were read by Dr. A. J. Semmes, one of the Secretaries, and adopted.

On motion of Dr. Watson, of New York, Dr. Delafield, of New York, one of the first officers of the Association, was invited to take a seat on the platform.

Dr. Thos. P. Atkinson, of Virginia, submitted the following:—

Resolved, That the Constitution of this Association be so amended as to provide that no individual who shall be under sentence of expulsion or suspension, from any State or Local Medical Society of which he may have been a member, shall be received as a delegate to this body, or be allowed any of the privileges of a member until he shall have been relieved from said sentence by such State or Local Society.

The President decided that under the Constitution, amendments to it must lie over one year, and the resolution was accordingly laid on the table, for consideration at the next annual meeting.

On motion of Dr. Paul F. Eve, of Tennessee, Dr. William M. Cumming, of Georgia, for some time missionary physician to China, was elected a member by invitation.

Drs. Huff and Knight were proposed by the Committee of Arrangements as members by invitation, and the same was adopted.

Dr. A. B. Palmer, of Michigan, chairman of the Committee on Medical Literature, presented a report.

The report was accepted and referred to the Committee on Publication for insertion in the *Transactions*.

On motion of Dr. Gross, Dr. Bozeman, of Ala., was elected a member by invitation.

Dr. James R. Wood, chairman of a Special Committee on Medical Education, made a report, discussing 1st, primary medical schools; 2d, the number of professorships in medical colleges; 3d, the length and number of terms during the year; 4th, the requisite qualifications for graduation; 5th, such other subjects of a general character as to give uniformity to our medical system. Having reviewed these propositions at length, the Committee, he stated, have arrived at the following conclusions:—

1st. Primary medical schools should be encouraged; but, as office instruction will continue to be sought by students, practitioners should either give them necessary advantages of demonstrations, illustrations, and recitations, or if not prepared to do so, they should refer them to such primary schools, or medical men, as will give them proper instruction.

2d. The number of professorships should not be less than seven, viz: a Professor of Anatomy and Microscopy, Physiology and Pathology, Chemistry, Surgery, Practical Medicine, Obstetrics, and Materia Medica.

3d. There should be but one term annually, which should commence about the 1st of October, and close with the March following, thus lengthening the term to six months. The commencement of the term, in October, should be uniform in all the colleges throughout the country. During the session there should never be more than four lectures given daily.

4th. The qualifications for graduation, in addition to those now required by the schools, should be a liberal primary education, and attendance upon a course of clinical instruction in a regularly-organized hospital.

In order to give our medical colleges an opportunity to consider the recommenda-

tions here advanced, and that this body may have the advantage of their wisdom and their mature views, before any definite action is taken upon them, your Committee submit to the Association the following resolutions:—

Resolved, That the several medical colleges of the United States be requested to send delegates to a convention to be held at on the day of for the purpose of devising a uniform system of medical education.

Resolved, That the present report of the Special Committee on Medical Education be referred to such convention for its consideration.

Resolved, That said convention of delegates from the several colleges of the United States be requested to submit to the meeting of this Association in May, 1859, the result of their deliberations.

On motion, the report was accepted and referred to the Committee on Publication, the accompanying resolutions being laid on the table.

The Committee of Nomination made a further report, recommending Louisville, Ky., as the place of meeting in 1859, and nominating Dr. S. S. Bemis, of that city, as Second Secretary. They also nominated the following standing committees:—

Committee on Publication.—Dr. F. G. Smith, Pa., chairman; Drs. Caspar Wister, Pa.; A. J. Semmes, D. C.; S. M. Bemis, Ky.; S. L. Hollinsworth, Pa.; S. Lewis, Pa.; H. F. Askew, Del.

Committee on Medical Literature.—Dr. John Watson, N. Y., chairman; Drs. L. A. Smith, N. J.; C. G. Comegys, Ohio; R. W. Gibbs, S. C.; W. M. McPheeters, Mo.

Committee on Prize Essays—Dr. J. B. Flint, N. Y., chairman; Drs. M. Goldsmith, Ky.; H. Miller, Ky.; Calvin West, Ind.

Committee on Medical Education.—Dr. G. W. Norris, Pa., chairman; Drs. A. H. Luce, Ill.; E. R. Henderson, S. C.; G. R. Grant, Tenn.; T. S. Powell, Ga.

Committee of Arrangements.—R. J. Breckinridge, Ky., chairman; Drs. G. W. Ronald, B. M. Wible, D. W. Yandall, D. D. Thompson, N. B. Marshall, G. W. Burglass, R. C. Hewit, and A. B. Cook, all of Kentucky.

The report was accepted, the nominations were confirmed, and the Committee received permission to sit again.

On motion, the resolutions attached to the report of the Committee on Medical Education were taken from the table for consideration.

After considerable discussion, it was, on motion of Dr. Hamilton, of New York, resolved to refer the resolutions to a committee, consisting of one member from each delegation, representing a medical college, these members to be named by the college delegates present, and to report on Thursday morning at 10 o'clock.

On motion, the thanks of the Association were voted to the retiring secretary, Dr. Foster, for his valuable services, and his successor, Dr. Bemis, was inducted into his seat.

On motion of Dr. J. F. Lamb, of Pennsylvania, the rules were suspended for the purpose of reconsidering the resolution adopted the previous day, to accept the apology of Dr. D. Meredith Reese, of New York; yeas 142, nays 70.

After considerable debate it was on motion resolved that the Association go into Committee of the Whole, and Dr. Edwards of Ohio was called to the chair.

A memorial from the Philadelphia County Medical Society calling the attention of the Association to the fact of Drs. Reese and Bryan recommending Dr. McClintock as Physician-in-Chief of the Blockley Hospital, was presented by a committee of the above-mentioned society, and read.

On motion of Dr. Humphries, of Indiana, it was resolved that each member of the Committee of the Whole be restricted to five minutes, allowing Dr. Reese whatever time he wished to defend himself in.

Dr. Reese then made a statement of his position from the commencement of the controversy, and stated that he had intended the apology made the previous day to be a satisfactory one, and that if it was not such, he would make one that should be satisfactory.

After considerable discussion, in the course of which Dr. Reese stated that he wished his apology to be taken as full, and without mental reservation, the Committee of the Whole rose, and the Chairman reported to the President that the Committee had heard and discussed the apology of Dr. Reese, and that they consi-

dered that it was "ample, full, complete, and satisfactory."

On motion, the report of the Committee was received and adopted.

The case of Dr. Bryan then came up, when it was suggested that the amended apologies of Drs. Reese and Bryan should be in writing, the latter expressing a willingness to make one similar to that of Dr. Reese.

Dr. Reese then drafted an apology, which was not however considered satisfactory, as not expressing his *regret* for what he had done, and after several attempts, which gave rise to an exciting debate, he finally presented the following, which was accepted as satisfactory:—

"The undersigned regrets that he certified to the professional qualifications for Blockley Hospital, Philadelphia, of an expelled member of this body, and hereby offers this apology for his departure from the ethical code."

Signed "D. MEREDITH REESE."

Dr. Bryan, who had successively offered to adopt the several apologies as presented by Dr. Reese, but refusing to go further, finally consented to adopt the one last offered by Dr. Reese. After Dr. Bryan had gone to the secretaries' table and affixed his signature to the apology in compliance with the demand of the meeting, his apology was accepted.

The President announced that the Faculty of Georgetown College had invited the Association to an entertainment at the college this afternoon, and that omnibuses would leave the principal hotels at 5 o'clock, to convey the members thither.

The Association then adjourned to Thursday morning, at 9 A. M.

THURSDAY, *May* 6, 1858.

The President called the Association to order at 9 o'clock. The reading of the minutes of yesterday was temporarily postponed.

The following resolution, offered by Dr. R. C. Foster, of Tennessee, was adopted:—

Resolved, That all reports from Committees on Epidemics and Medical Topography, be referred to the Committee on Publication, and all communications from Special Committees be referred to the Committee of Nomination.

Dr. Paul F. Eve, of Tennessee, moved that a Committee on Voluntary Essays be appointed; also, that Dr. Geo. Hayward, of Massachusetts, be appointed a delegate to represent this Association in kindred societies in Europe, which were agreed to.

An invitation was received and accepted, from Commander M. P. Maury, United States Navy, Superintendent of the National Observatory, inviting the Association to visit that establishment.

Dr. Hamilton, of New York, from the Committee of Delegates from Medical Schools and Colleges, to whom was referred the report of the Special Committee on Medical Colleges, reported the following preamble and resolution:—

Fully appreciating the value and importance of the resolution under which they were appointed, but a majority of the gentlemen constituting this committee not being authorized by the medical faculties of the several colleges with which we are connected to act as their representatives in this matter, and therefore regarding it quite impossible to secure a convention of delegates in the interim of the meetings of the Association: therefore—

Resolved, That we recommend to all the medical colleges entitled to a representation in this body that they appoint delegates, especially instructed to represent them in a meeting to be held at Louisville on Monday, the day immediately preceding the convention of the American Medical Association for the year 1859, at ten o'clock, at such place as the Committee of Arrangements shall designate.

The report was accepted and the preamble and resolutions adopted.

The reports of committees being decided to be in order,

Dr. Foster Jenkins, New York, read a report on the spontaneous umbilical hemorrhage of the newly born; which was read and referred to the Committee on Publication.

Dr. S. M. Bemis, of Kentucky, read a report on the "Influence of Marriages of Consanguinity upon Offspring," which was referred to the Committee on Publication.

Dr. J. L. Atlee, from the Committee appointed to procure a stone to be inserted in the Washington Monument, made a final report.

A report by Dr. E. Andrews, of Chicago, on the functions of the different por-

tions of the cerebellum, was presented, and referred to the Committee on Publication.

Dr. H. F. Campbell, of Georgia, read a report on the "Nervous Concomitants of Febrile Diseases," which was accepted and referred to the same committee.

Dr. J. Marion Sims, of New York City, read an abstract of his report on the treatment of the results of obstructed labour, illustrated with a series of illustrations, which was referred to the same committee.

Dr. M. Stephenson, of New York, read an abstract of his report on "the treatment best adapted to each variety of cataract, with the method of operation, place of selection, time, age, &c.," which was referred to the same committee.

Dr. C. B. Coventry, of New York, chairman of the Committee on the "Medical Jurisprudence of Insanity, and the testimony of skilled witnesses in the Courts of Justice," communicated his report, which was accepted and referred to the Committee on Publication.

Dr. Edwards, from the Committee of Nomination, presented the following list of committees for the ensuing year, which report was adopted.

Special Committee on the Microscope.—Drs. Holston of Ohio, Dalton of New York, Hutchinson of Indiana, Stout of California, and Ellis of Massachusetts.

Special Committee on Medical Jurisprudence.—Drs. Stephen Smith of New York, Hamilton of Buffalo, Crosby of New Hampshire, Purple of New York, and Mulford of New Jersey.

Committee on Quarantine.—Drs. Harris of New York, Moriarty of Massachusetts, La Roche of Pennsylvania, Wragg of South Carolina, and Fenner of Louisiana.

Committee on Surgical Pathology.—Dr. James R. Wood, of New York, Chairman.

Committee on Diseases and Mortality of Boarding Schools.—Dr. C. P. Mattingly, of Kentucky.

Committee on the various Surgical Operations for the Relief of Defective Vision.—Dr. Montrose A. Pallen, of St. Louis, T. G. Cogley, of Indiana.

Committee on Milk Sickness.—Dr. Edward A. Murphy, of Indiana.

On the Blood Corpuscle.—Dr. A. Sager, of Michigan.

Committee on Medical Ethics.—Drs. John Watson of New York, Dalton of Massachusetts, Emerson of Pennsylvania, Hamilton of New York, and Gaillard of South Carolina.

On the Pons Varolii, Medulla Oblongata, and Spinal Marrow; their Pathology and Therapeutics.—Dr. S. B. Richardson, Louisville, Kentucky.

On American Medical Necrology—the Hygienic relations of air, food, and water, the natural and artificial causes of their impurity, and the best methods by which they can be made most effectually to contribute to the public health.—Dr. C. C. Cox, Easton, Maryland.

On the Effect of Virus of Rattlesnake, &c., when introduced into the System of the Mammalia.—Dr. A. S. Payne, Paris, Fauquier County, Virginia.

On the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and Diseases generally.—Dr. O. Harvey, Placerville, California.

The Constitutional Origin of Local Diseases, and the Local Cause of Constitutional Diseases.—Dr. C. F. Heywood, New York.

Special Committee on Epilepsy.—Drs. John G. Kyle, Ohio. Chairman; Jno. G. F. Holston, Zanesville, Ohio; D. Cooper Ayres, Green Bay, Wisconsin; H. J. Dunahoe, Sandusky, Ohio; Calvin West, Indiana.

Causes of the Impulse of the Heart, and the Agencies which influence it in Health and Disease.—Dr. J. W. Corson, of New York City.

Best Substitutes for Cinchona and its Preparations in the Treatment of Intermittent Fever, &c.—Dr. B. S. Woodworth, of Fort Wayne, Indiana.

Special Committee on Government Meteorological Reports.—Drs. Paul F. Eve, of Tennessee; Zina Pitcher, of Michigan; R. H. Coolidge, United States Army; Thos. Miller, District of Columbia.

To fill vacancies in the Committee on Medical Topography and Epidemics; and continuations of the Committees.—James C. Weston, M. D., of Bangor, Maine; Albert Smith, M. D., of Peterborough, New Hampshire; J. Perkins, M. D., of Castleton, Vermont; James H. Dickson, M. D., of Wilmington, North Carolina; Peter C. Gaillard, M. D., of Charleston, South Carolina; Thos. M. Logan, M. D., of Sacramento, California; J. H. Beech, M. D., of Cold Water, Michigan; Charles Hooker, M. D., of New Haven, Connecticut.

Dr. Edwards also reported from the

Committee of Nomination the following resolution:—

Resolved, That a committee of nine be appointed by the Chair to wait on the Hon. Howell Cobb, Secretary of the Treasury, and respectfully to request the restoration of Dr. M. J. Bailey, as Inspector of Drugs and Medicines for the Port of New York, at the same time disclaiming all political considerations.

This resolution was, after considerable discussion adopted, but the vote was subsequently reconsidered, and the consideration of the resolution indefinitely postponed.

Dr. Bohrer, of D. C., Chairman of the Committee on Special Medical Essays, reported that they had not had time to read, much less consider, the papers placed in their hands.

On motion, the Committee was instructed to hand such papers as they deemed worthy to the Committee on Publication.

Dr. Grant, of New Jersey, presented a complaint made by the Newark Medical Society against the Medical College of New York, for a violation of the ethics of the profession. Dr. Edwards presented a similar complaint, and Dr. Oakley a complaint from the Union and Essex County Medical Societies. They were received and referred to the Committee on Ethics.

A communication received from Dr. E. D. Fenner, of Louisiana, was, on motion, referred to the Committee on Publication.

Dr. W. S. Sutton offered the following resolution:—

Resolved, That a committee of three, to be composed of members belonging to the District of Columbia, be appointed, whose duty it shall be to urge upon the Census Bureau the great interest which this Association feels in a properly conducted census, and especially that portion relating to vital statistics; and the importance of securing at an early day the services of a physician conversant with vital statistics, to assist in arranging the schedules in that department of the census to be taken in 1860; as also to aid in a general supervision over that branch of the census.

This resolution was adopted, and the following gentlemen appointed as the Committee: Drs. Thomas Miller, Thomas Antisell, and A. Y. P. Garnett, all of District of Columbia.

Dr. W. L. Sutton, of Kentucky, also offered the following resolution:—

Resolved, That a committee of five be appointed, whose duty it shall be to present to the next meeting of this Association a plan for an uniform registration of births, marriages, and deaths, including the nomenclature, as also the classification of diseases, to be adopted in registration reports. And that the report from Dr. E. Jarvis to this meeting be submitted to their use for the balance of this session.

This resolution was also adopted, and the following gentlemen appointed as the Committee, viz: Drs. W. L. Sutton, Kentucky; Edward Jarvis, Massachusetts; Edward M. Snow, Rhode Island; Wilson Jewell, Pennsylvania; R. W. Gibbes, South Carolina.

Dr. Kyle, of Ohio, proposed an amendment to the constitution by which no person can sit as a member or a delegate at meetings of this Association who is not a graduate of a recognized medical college. Laid over for one year, under the rules.

Dr. L. A. Smith presented resolutions of the New Jersey Medical Society, praying for such changes of the constitution as would establish a board of censors in every judicial circuit of the Supreme Court, who should examine and grant diplomas to all proper members of this Association. Laid over for one year, under the rules.

On motion of Dr. L. Humphreys, of Indiana, the following preamble, resolution, and circular, were ordered to be incorporated in the *Transactions* of the Association, viz:—

Whereas, a circular looking to the interchange of the published Transactions of the various local medical societies of the United States, was unanimously recommended at the last meeting of the Indiana State Medical Society (a copy of which, as prepared by their committee, is hereto annexed); and, whereas, it is in the power of this Association to promote and successfully carry out the object thereof; therefore,

Resolved, That we cordially approve of a general interchange of published Transactions between the various local societies of the United States, and, that to carry out this desirable object, the delegates of the various societies which publish their transactions, be requested to leave the names and post office address of the Secretary thereof, with the Secretary of this Association, which shall be published with its proceeding, and each society is hereby recommended to send by mail, prepaid, *three copies* of their pub-

lished Transactions, to all of the other societies included in such list.

The Indiana State Medical Society, at its last annual meeting, adopted the following resolution, viz:—

Resolved, That the President appoint a committee of three to prepare and present to this Society, at its next meeting, a plan for an interchange of published Transactions of local societies within the United States; that said committee be authorized and empowered to correspond with the officers of any local society as above stated, and to take such steps generally as may be necessary to accomplish the objects for which this committee is appointed.

The undersigned were appointed said committee. Will you have the goodness to bring this subject to the attention of your society at its next meeting; ask some definite action, and communicate early the result to this committee?

The benefits of such an interchange of publications as contemplated by our society are numerous and important, as must be obvious to every reflecting mind. We can but barely mention a few of them:—

1st. The more general diffusion among our scattered and measurably isolated professional fraternity, of the records of facts, observations and opinions, in a profession abounding, above all others, in them, on a great variety of subjects, and in which, too often, a *few* facts found on record, or observed, are allowed to give direction to conservative or curative efforts of the first importance.

2d. The cultivation of a better acquaintance with professional brethren throughout the country, by means of the minutes of the meetings of societies, and the papers read before and discussed in them, in a profession affording otherwise but limited opportunities for the formation of such an acquaintance, and therefore needing the more vigorous use of such as are possessed.

3d. The stimulus such an arrangement will afford to the diligent cultivator of the profession, to observe well, to record accurately, speculate philosophically, reason logically, practise usefully, and write perspicuously.

4th. The probable large increase in the number of writers in the profession, and the consequent elevation of the standard of qualification for entering it.

5th. The cultivation of an enlarged and liberal *esprit du corps*, by being brought into contact with the mass of the professional minds of the country.

The Committee solicit suggestions as to the details of a plan for the attainment of this desirable object. They are sensible of many considerable difficulties in the way of it, mainly from want of some channel of intercommunication common to all. Possibly the American Medical Association might become this common channel, and thereby increase its influence.

The *Transactions* might be made the nucleus of a library, where one does not exist in any State or local society, and be used by its members under library regulations. Please acknowledge the receipt of this circular, and communicate at as early a period as possible, the action of your society upon this subject. Hoping to hear that your society concurs in this movement,

Respectfully yours,
L. HUMPHREYS,
CHAS. FISHBACK,
R. H. BUCK, *Committee.*

Address, Dr. L. Humphreys (chairman of the Committee), South Bend, St. Joseph County, Indiana.

On motion of Dr. R. W. Gibbes, of South Carolina, it was—

Resolved, That Prof. G. C. Swallow, of Missouri, and Prof. J. F. Mittag, of South Carolina, be members by invitation of this Association.

On proposition from the Committee of Arrangements, Dr. Blair, of York, Pennsylvania, and Dr. John H. Gibbon, of United States Mint, North Carolina, were elected members by invitation.

On motion of Dr. H. Fraser Campbell, of Georgia, it was

Resolved, That this Association has learned with deep regret of the death of the following permanent members of this body: Marshall Hall, England; C. R. Walton, Georgia; S. W. Clanton, Alabama; W. G. Craghead, Virginia; John K. Downes, Connecticut; Nathan S. Pike, Connecticut; W. W. Morris, Delaware; and William Gries, Pennsylvania.

Dr. R. W. Gibbes moved that Prof. Joseph Henry, of the Smithsonian Institution, be requested to favour this Association with his views on meteorology, at such time during the session as he may select; which was agreed to.

An invitation from Prof. Bache to visit the Coast Survey Bureau, on Capitol Hill, was read, accepted, and a vote of thanks for the courtesy was passed.

On motion of Dr. Phelps, the following resolutions were passed unanimously:—

Resolved, That the thanks of this Association are eminently due to the Regents and Prof. Henry, of the Smithsonian Institution, for the ample and convenient accommodations afforded for the transaction of business.

Resolved, That the Committee of Arrangements are entitled to our praise and highest appreciation of their exertions to promote the comfort of the members and the best interests of the Association.

Resolved, That to the physicians of Washington and Georgetown, and the faculty of Georgetown College, we accord the homage of our sincerest thanks for their elegant hospitalities extended to the members from abroad, by which the pleasure of their sojourn here has been so greatly enhanced.

Resolved, That we feel assured that the impressions on the tablet of memory received here, in our national metropolis, in this the first year of the second decade of the Association, will long remain an evidence of the urbane attentions received not only from the Chief Magistrate and other public functionaries of our glorious Union, but of private citizens and the community at large.

Resolved, That the manifestations of union of heart and purpose in the action of this session inaugurate a new era, and call for devout acknowledgment to Divine Providence, and presage, as we trust, not only a bright future for the Association, but also as contributing to the perpetuity and prosperity of our great national confederation.

Dr. Arnold, of Georgia, then exhibited specimens of a new method of preserving pathological specimens.

On motion of Dr. Foster, of Tennessee, it was

Resolved, That after 1860, Dr. Hamilton have the privilege of using his report on "Deformities after Fracture," published in the *Transactions*, for a work which he proposes to publish.

Dr. Campbell, of Georgia, was not aware, until he had just heard permission granted to Dr. Hamilton, that he had transgressed in republishing in a work a report which he had contributed to the *Transactions* of the Association. [Cries of "Regret it," "regret it."] He did regret it, and asked the sanction of the Society; which was granted.

Dr. Duhamel, of Washington, moved that a committee be appointed to investigate and report upon the "National Hotel Disease."

Dr. Foster, of Tennessee, opposed the appointment of such a committee, as did Dr. Boyle, of Washington. Dr. Duhamel withdrew his motion.

Dr. Gaston, of South Carolina, exhibited and explained a new uterine supporter.

On motion of Dr. Miller, of D. C., it was

Resolved, That the Committee on Publication cause two copies of the *Transactions* of the Association to be transmitted to the British Association, through the British legation at Washington, with a request for an interchange of *Transactions*.

Dr. Peter Parker, ex-commissioner to China, was then introduced, and was received with applause. He exhibited some curious specimens of *calculi*, as the results of thirty-eight operations upon Chinese. They were of various shapes and composition, and weighed from a few drachms up to three, seven, and eight ounces. His description of the operation by which these calculi were removed was deeply interesting, and it was gratifying to learn that out of the thirty-eight patients all but five or six recovered perfect health.

Dr. Parker proceeded to state that he has treated in China, at the hospital under his charge, fifty-three thousand cases. Pictures of the most curious cases he had brought to this country, and they were on exhibition in the room below. At no very distant period he hopes to place in a permanent form the result of his labours, with illustrations. Among other cases, he had probably performed upwards of a thousand operations for cataract. On one day he operated in sixteen cases, the youngest being a mere child, and the oldest an old lady seventy-nine years of age. She came, led by a servant, submitted heroically to operations on both eyes the same day, and in a fortnight had her sight perfectly restored.

Dr. Dunbar, of Maryland, then offered the following resolution, which was adopted:—

Resolved, That the thanks of the American Medical Association are due to Dr. Peter Parker, for the very interesting report that he has made of his surgical opera-

tions in China, and his specimens which he has exhibited; and when his work shall be published, that the members of this Association be recommended to patronize the same, by obtaining copies thereof.

In acknowledging this vote of thanks, Dr. Parker said he had among his patients all classes, from members of the imperial family down to beggars. His greatest difficulty had been to persuade his patients that he could not cure all diseases.

On motion of Dr. Anderson, of New York, it was unanimously

Resolved, That the thanks of the Medical Association be presented to Rev. Dr. McGuire and the Faculty of the College of Georgetown, for their very cordial reception and entertainment of the Association at the College.

The Association then, on motion, adjourned until 5 o'clock P. M.

AFTERNOON SESSION.

The Association was called to order at five o'clock P. M., by Dr. W. L. Sutton, one of the Vice-Presidents, who took the chair.

Dr. T. L. Mason, of New York, moved to amend the Constitution as follows:—

In first line, second paragraph of Article 2, after the words "shall receive the appointment from," to insert "any medical society *permanently* organized in accordance with the laws regulating the practice of physic and surgery in the State in which they are situated; and consisting of physicians and surgeons regularly authorized to practise their profession." Laid over to next year, under the rules. To add to the sixth paragraph, Article 2, "But each permanent member of the first class designated in this place of organization, shall be entitled to a seat in this Association only on his presenting to this body a certificate of his good standing, signed by the Secretary of the Society to which he may belong at the time of each annual meeting of this body." Laid over to next year, under the rules.

Dr. Henry Hartshorne, of Pennsylvania, moved the following amendment to the Constitution, which was also laid over, viz:—

To add to the 2d Article: "No one expelled from this Association shall at any time thereafter be received as delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or to which he is proposed."

Dr. John Watson, of New York, from the Committee on Ethics, reported as follows:—

Whereas, it appears from undoubted testimony that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack of the name of John F. Dunker, of Newark, the Faculty, in the person of the President of said College, wish here to declare that this degree was obtained under gross deception, and false testimonials furnished by said Dunker and his friends, and they therefore revoke and annul his diploma, and declare said Dunker to be unworthy of patronage or support, from authority conferred upon him by this diploma.

Dr. C. C. Cox, of Maryland, moved that the report be indefinitely postponed, which was not agreed to.

On motion, the report was then adopted.

The amendments proposed by Dr. Stocker, of Pennsylvania, at the annual meeting in 1856, at Detroit, were then taken from the table for consideration, upon motion.

The following were the amendments proposed, viz:—

Article 3. Strike out all after the words "first Tuesday in May," and insert as follows: "The Association shall meet biennially in the city of ———. The place of meeting for the intermediate year shall be determined by a vote of the Association."

Article 4. In first paragraph, second line, instead of the words "two Secretaries," insert "one permanent and two assistant Secretaries." In the fourth paragraph, fifth line, strike out the words "the Secretary," &c., and substitute "The *permanent* Secretary shall preserve the archives and unpublished transactions in the permanent place of meeting of the Association. His expenses for travelling to and from the place of meeting, and while in attendance upon the same, shall be defrayed by the Association."

Upon the amendment proposed to Article 3, the vote was—yeas 80, nays 42. And upon the first amendment proposed to Article 4, the vote was, yeas 84, nays 53. Neither of the amendments having received the constitutional majority of two-thirds, the President declared them to be rejected.

A motion was made to postpone indefinitely the second amendment proposed to Article 4.

Dr. Stocker moved to lay the motion to postpone upon the table.

Pending this, a motion was made to lay the amendment upon the table, which was agreed to.

Dr. Robt. C. Foster, of Tennessee, offered the following resolution, which was adopted, viz:—

Resolved, That the Committee on Publication be instructed to collect all of the by-laws and resolutions which have not been rescinded through the different volumes of the *Transactions;* to arrange them under their respective heads, and append the same to the Constitution.

The following amendment to the Constitution was proposed by Dr. J. Berrien Lindsley, of Tennessee, through Dr. Bowling, of Tennessee, and was laid over under the rules, viz:—

"In Article 2, omit the words 'medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing in the United States;' and also to omit the words: 'The Faculty of every regular constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing an hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.'"

The President announced that the members of the Association were invited by the Curator of the Washington Infirmary to visit that Institution.

Upon motion of Dr. Kemp, of Maryland, the thanks of the Association were extended to those railroad companies which had agreed to pass the members to their homes free of charge; and also to all those citizens of Washington, including members of the press, whose courteous attentions had placed the Association under obligations.

On motion, the Association then adjourned *sine die*.

—

Naval Board.—The Board of Naval Surgeons, recently convened in Philadelphia, have concluded their labours and adjourned. There were twenty-six candidates before the Board, out of whom the following gentlemen were selected, as qualified to perform the duties of Assistant Surgeons in the United States Navy: Drs. Bertolette, of Pennsylvania; Leach, of New Hampshire; Christian, of Virginia; Magee, of Pennsylvania; Gibbs, of New Jersey; Burnett, of Pennsylvania; and King, of Pennsylvania.

—

Medical Classes for the Session of 1857–8.

Medical College of the State of South Carolina	216
St. Louis Medical College	121
Jefferson Medical College	501
New Orleans School of Medicine	126
Oglethorpe Medical College	37
Medical Department University of Nashville	353
Med. Dep. University of New York	127
University of Pennsylvania	435
Medical College of Virginia	60
University of Louisiana	276
Rush Medical College	100
Pennsylvania Medical College	140
University of Virginia	88
Philadelphia College of Medicine	63

—

Obituary Record.—Died, May 15, in the 78th year of his age, Robert Hare, M. D., Emeritus Professor of Chemistry in the University of Pennsylvania. Dr. Hare was one of the most eminent chemists of his day, and contributed more largely than any one of his cotemporaries to establish the scientific reputation of this country abroad.

FOREIGN INTELLIGENCE.

The Jacksonian Prize.—This has been awarded, the present year, to Alfred Poland, Esq, of Guy's Hospital, for his essay on "Gunshot Wounds and their Treatment."

—

Insanity from Table-turning and Spirit-rapping.—The *Gazette des Hôpitaux* states that there are in the Zurich Lunatic Asylum twenty-five persons who have lost their reason through table-turning and spirit-rapping.

—

Feast on the First Instant.—The patrons of homœopathy in London and vicinity, including several noblemen of rank, dined together at the Goose and Gridiron, on All-Fool's Day.—*Punch*, April 10.

THE MEDICAL NEWS AND LIBRARY.

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HABERSHON, DISEASES OF THE ALIMENTARY CANAL, 16 PAGES.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Rheumatic Alkalinuria.—Our readers will understand the name we have given above, when we state that the urine is alkaline in a case of rheumatic fever at present in St. George's Hospital under Dr. FULLER's care. There may appear to be nothing extraordinary in this fact, but it is nevertheless not a common one. The patient is a young man, who was admitted with rheumatic fever and pericarditis, with free acid perspirations and an alkaline condition of the urine from the commencement. The boy has got well, with very mild alkaline treatment; in fact, as we heard Dr. Fuller say, he had scarcely any treatment at all, or was upon no special treatment. In relation to this condition of the urine in rheumatism, Dr. Fuller, in an extensive experience of this affection, has not met with more than five or six instances of it. Although it may be present, it forms no obstacle to the internal administration of alkalies for the treatment of the rheumatism, as, curiously enough, the urine will, in many instances, notwithstanding, resume its acid condition. This, however, has not occurred in this boy, as the urine is alkaline to the present hour. Although the boy has no symptoms referable to disease of the bladder, it is quite possible there may be some condition of the mucous membrane, either of the bladder or kidneys, which permits it to secrete an alkaline fluid, which, on simple admixture with the urine, renders that fluid alkaline—a change which Dr. Owen Rees believes to be the cause of alkaline urine and phosphatic deposits in the great majority of cases that come under

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

treatment. We think it right, however, to draw the attention of urinary pathologists to the consideration of alkaline urine in rheumatism.—*Lancet*, Jan. 30, 1858.

—

Pertussal Glucosuria.—In the year 1855, the fact was first pointed out by Dr. Gibb, that the urine in almost every case of hooping-cough is saccharine, the quantity of sugar varying, generally but small, and sometimes a trace only being present. A considerable quantity he has, however, found on several occasions, the specific gravity being at the same time high, and in general characters the urine has been similar to that of diabetes. A case of pertussis, with urine in this last condition, was recently under Dr. Gibb's care, at the St. Pancras Royal Dispensary, in a child of six years, who had reached the spasmodic stage of the complaint, without any complication, unless the glucosuria be considered as such. The remarkable feature of this case was the rapidity with which the quantity of sugar diminished under the usual plan of treatment recommended by Dr. Gibb in this disease—namely, nitric acid in large doses. The specific gravity of the urine became lower and lower, the quantity of sugar diminished, and, as a cure was established within three weeks, not a trace of it was to be found. It is an interesting fact, that nitric acid should so rapidly diminish the glucosuria. This may be effected in one of two ways—either by its curing the pertussis, and a condition with it, which must hereafter be looked upon as symptomatic of it; or else the assimilation of the acid prevents the formation of the sugar. To the last view Dr. Gibb inclines, but he says large doses only will produce this, as experience has proved in his hands. This condition of the urine in hooping-cough is well worthy of record. We shall refer at a future time to the explanation given of its appearance, but we take this opportunity of throwing out the suggestion of a trial of the influence of nitric acid in cases of diabetes mellitus.—*Lancet*, Jan. 30, 1858.

—

Treatment of Aphonia by Electricity.—A case of aphonia was observed at the Samaritan Hospital, under the care of Dr. Savage. A woman, aged 21, lost her voice a month ago; she thought it was brought on by her having caught a cold. The movements of the tongue were not in the least impaired. There were no signs of inflammation nor of ulceration of the larynx; very little cough, and some little pain in the larynx, as well as in the chest. No tubercular deposits in the lungs. She has always been regular. Purposely no medicine was given, but Dr. Savage asked Dr. Althaus to try what Faradization might do for her. Dr. Althaus applied the current of the first order of his apparatus of induction by means of solid metallic excitors covered with wet fingers of gloves, localizing the electric stimulus in the inferior laryngeal nerve, which animates all the muscles of the larynx concurring to the formation of the voice. The day after the first sitting, which only lasted two minutes, the speech seemed to be not materially improved; but in the course of whispering sometimes the normal sound of voice returned. After the second sitting of the same duration as above, the improvement was striking; the day after the third *séance* the patient spoke almost quite naturally, and the treatment was discontinued after another sitting, as now the speech is going on perfectly well. We know of no other case of aphonia in which the effect of the electric treatment was so quick and manifest, without having been connected with any inconvenience whatever. Professor Sédillot applied electricity in a case of aphonia, one pole being placed alternately on different parts of the tongue, and the other one on the mastoid bone, the posterior and superior part of the neck and various points of the face. The application was useful, but could not be repeated until one week afterwards owing to severe headache, which had followed the application of electricity. By localizing the electric stimulus in the inferior laryngeal nerve no such inconveniences were produced.—*Med. Times and Gaz.*, March 6, 1858.

—

Syme's Amputation at the Ankle-Joint.—At the St. Marylebone Infirmary we had an opportunity of seeing a case of Syme's amputation at the ankle-joint, which promises as excellent a stump as the most strenuous advocates of the operation could desire. The patient, Jane B——, aged twenty, has the following short history:—

She received an injury three years and a half ago, probably a severe sprain. This was never quite recovered from, and gradually led to disorganization of portions of the tarsus and metatarsus. Several openings formed, through which diseased bone could

be felt. After much treatment at Margate and elsewhere, it was apparent that there was no hope of saving the foot, and Mr. Thompson decided on removing it by the operation at the ankle-joint.

He performed it on the 21st of December, 1857, observing implicitly Mr. Syme's directions (*Principles of Surgery*, fourth edition, p. 146). No bad symptom followed. There has been no sloughing whatever of any part of the flap. On the 18th of January, exactly four weeks after the operation, the flaps had united, the stump was firm and consolidated, and merely a line of superficial granulation marked the junction of the flaps.

Mr. Thompson enjoined the plan of maintaining, as much as possible, the limb on its side during the ten or fourteen days subsequent to the operation, in order to give free exit to the discharge which is otherwise prone to collect in the partial hollow formed by the heel flap. This case, like the last performed by Mr. Thompson in the Infirmary, presents an excellent example of successful results from this operation.—*Lancet*, Jan. 30, 1858.

—

Subcutaneous Nævus over the Anterior Fontanelle.—We saw Mr. Erichsen treat a congenital nævus over the anterior fontanelle of an infant twin, a few weeks old, at University College Hospital, on the 28th April, in the following manner: A puncture was made through the scalp on one side of the nævus, and a blunt needle-eyed probe armed with a ligature was passed through the base of the nævus to the opposite side, which emerged through another opening made with a knife. This was repeated at right angles to the first thread, and the four double cords were firmly tied, through fissures made in the skin, around the tumour, and complete strangulation effected. No cerebral symptom was manifested during the process. In such cases as these Mr. Erichsen does not use needles in the usual way, because the membranes of the brain might be punctured, and death might ensue. But when performed in the manner described, there is not the same risk, and in about half a dozen cases thus treated by him no accident or untoward symptom occurred, and the nævus was got rid of. When a nævus is situated over a bone, of course the sharp needles may be employed, as is commonly witnessed.

All the numerous and varied methods employed for the removal of nævi are considered at length in most surgical works, but scarcely one refers to a nævus over the anterior fontanelle, which common prudence would teach us requires to be managed differently from nævi in ordinary and less important situations.—*Lancet*, May 22, 1858.

—

Injection of the Knee-Joint with Tincture of Iodine.—Mr. Erichsen adopted, in a case of chronic effusion into the knee-joint, under his care in University College Hospital, a few months ago, the treatment by injection of iodine. Although so highly praised by Velpeau and other French surgeons, this practice has not hitherto found many English medical men bold enough to pursue it. Mr. Callaway, of Guy's, we know entertained, from what he had seen of it in Paris, a very favourable opinion of its merits; but he did not, we believe, ever actually do it. Mr. Erichsen's patient was very well suited for it, the hydrarthrosis having existed for a considerable period, and the general health being good. Much treatment had also been previously adopted, with only very transient benefit. The injection was performed on December 2, about six ounces of amber-coloured fluid having been previously withdrawn by the canula. Only a drachm of the compound tincture was thrown in, but the whole of it was allowed to remain. A certain degree of pain, etc., was present in the joint for about a week afterwards, but it was not at any time excessive. The man left the Hospital, very much benefited, six weeks after the injection.—*Med. Times and Gaz.* March 6, 1858.

—

Ovarian Dropsy treated by Injection of Iodine.—The practice of treating ovarian cysts when single by the injection of iodine seems to hold its ground, and, indeed, to decidedly gain in favour. Dr. West and Mr. Paget, who, in St. Bartholomew's, have, we believe, had a larger series of cases than any other of our London men, have obtained results which have been on the whole quite satisfactory. The reader must not from this suppose that any cases have been cured off hand by a single injection. In almost all more than one injection has, we believe, been required; in several the treatment, although repeated to a third or fourth, did not seem to have much effect; and in the best all that ought perhaps to be asserted is,

that the secretion has been arrested. In a disease in which the radical method of treatment, and the results of non-interference are both so formidable, the simple arrest of the tendency to refill, even if the tumour be not wholly got rid of, is a very satisfactory attainment. Very probably additional experience may much assist us in the details of this method of treatment, and enable us to secure a greater proportion of cures. In most cases we believe it has been the practice to employ a very dilute tincture, and in large quantities; but it may be fairly open to question whether this is the best. In a case recently treated by Dr. Ramskill and Mr. Hutchinson, in the Metropolitan Free Hospital, a concentrated solution was employed, and allowed to remain in. The injection was practised twice, with an interval of about a month; and on each occasion after the cyst had been as completely drained as possible, a scruple of iodine, and half a drachm of iodide of potassium, dissolved in an ounce of water, constituted the injection, and was wholly retained. The reasons which induced Mr. Hutchinson to employ so concentrated a solution, were, first, the belief that what was wanted to prevent resecretion was destruction of the epithelial lining membrane of the cyst by iodic cauterization, and that the stronger the fluid the more certainly would this be effected. Secondly, the hope that so concentrated a solution would be less likely to be absorbed quickly, and might therefore be left in to produce its full effect with greater safety. Thirdly, the consideration that however carefully an ovarian cyst be drained, it is almost impossible to empty it, and that therefore a dilute solution is yet further reduced by mixture with the remaining fluid. Fourthly, that it is not desirable to introduce so much alcohol into the system as is contained in from half a pint to a pint of tincture. With regard to the results in this case we may state that on neither occasion did any alarming symptoms follow, and that although four months have elapsed since the last injection, the patient remains quite well, no tendency to refilling being manifested. Before the treatment tapping had been repeatedly practised, and was required every six weeks or two months, as the cyst was very large, and refilled very rapidly. The injection treatment is of course applicable only to monocystic cases, and if employed in others might very probably irritate adjacent cysts not injected, and do more harm than good.—*Medical Times and Gazette*, April 12, 1858.

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Case of Successful Ovariotomy.—A case in which a good recovery followed the extirpation of an ovarian cyst has recently occurred in Addenbrooke's Hospital, Cambridge. The operator was Mr. Humphry. The patient, a woman, aged 22, tall and well made, was admitted with ovarian dropsy of five years' standing. She had been twice tapped, and on one occasion the injection of iodine had been practised. As the cyst had refilled, ovariotomy was decided upon. The incision made was nearly four inches long, in the median line, and below the umbilicus. Two large utensils full of fluid were evacuated, and the cyst with some difficulty was then drawn out. No adhesions existed. The pedicle was broad and short, and was tied in four parts. The ligatures were brought out at the lower part of the wound, the upper portion of which was closed by sutures. No ill symptoms followed, and she left the hospital, well, within six weeks of the operation.—*Medical Times and Gazette*, June 12, 1858.

—

Death after Paracentesis of an Ovarian Cyst.—It is very desirable to bear in mind that the tapping of ovarian cysts, especially for the first time, is a procedure far from being devoid of danger, since the fact bears with much importance on the question as to the propriety of other and more radical methods of treatment. The statistics of this operation, usually deemed so simple, have not hitherto been collected on a sufficiently extended and trustworthy scale, and it is therefore desirable from time to time to put individual instances of fatal consequences prominently forward. One such has recently occurred at St. Thomas's Hospital. A married woman, aged 30, was admitted on account of a large ovarian tumour which distended the abdomen. It had existed nine months, and had followed three months after childbirth. She was considerably reduced in health, but there did not appear to be any condition forbidding the employment of the trocar, from which, on the contrary, much relief was expected. The operation was performed by Mr. Woakes, one of the House-Surgeons, and about a pailful of thick fluid removed. The tumour was reduced in size, but a considerable bulk

still remained. The woman gradually sank afterwards, and died exhausted on the fifth day.—*Medical Times and Gazette*, June 12, 1858.

—

Neuromatoid Tumour.—Tumours growing along the course of nerves, which seem as it were a part of the nerve itself, often give rise to symptoms which would lead the surgeon to believe that a true neuroma was present. A case of this kind was recently in King's College Hospital, in the person of an elderly woman, who, eleven years ago, first observed a small tumour growing in the upper and inner part of her left arm; this gradually enlarged and caused considerable pain, which increased to such an extent as to deprive her of the use of her arm, forearm, and hand. Mr. Fergusson first saw it about the 10th of April, and he believed it to be a rare example of neuroma. Most of the examples seen by Mr. Fergusson occurred in the popliteal space, on the posterior tibial or fibular nerve, most commonly on the former, and he believed it rare to see them in the upper extremity. Of course he refers solely to large tumours on nerves, and not to the subcutaneous painful tubercles which are met with in various situations.

Mr. Fergusson concluded that it was a neuromatous tumour, developed in the nerve—that is to say, that the nerve was spread over it. It was removed on the 17th of April, and presented a smooth, even surface, and was of the size and shape of a turkey's egg. It had a distinct capsule round it, which was separated without difficulty. The dissection was performed with great care, as the median nerve was spread over its posterior surface to the extent of upwards of an inch in width. Before doing this, however, a large nerve was seen above and below the tumour, the deeper part of the latter being next the humerus. The divisions of this nerve were dissected one from the other, the greater part of it being left behind; possibly a few fibrils were removed with the tumour. A section was made of the growth, and it looked very malignant, with dark patches here and there, but in general characters it seemed to be a fibro gelatinous growth. It had none of the fibrinous characters met with in neuroma.

The wound has nearly healed, and all painful symptoms have entirely disappeared. —*Lancet*, May 8, 1858.

Dislocated Elbow and Thumb from a Fall.—A young man, aged twenty-three, while driving a cart, was thrown out of it, and fell on his hands and feet. The result was a dislocation backwards of both bones of the left elbow, and a compound dislocation of the head of the first phalanx of the thumb of his right hand, which protruded through the skin. He was taken to Guy's Hospital, and admitted under Mr. BIRKETT'S care, who reduced the dislocation of the elbow first, and then sawed off the head of the protruding bone of the thumb and closed the wound. This united rapidly by adhesion; and three weeks after the accident he was perfectly well in every way, with a useful hand and arm.

The practice adopted in this instance, in treating the compound dislocation of the first phalanx of the thumb on the metacarpal bone, is that generally recommended—namely, to saw off the head of the phalanx before reduction; and it is a proceeding which answers admirably. So far as we could judge, the man would have a good movable thumb, with all its powers of flexion and extension. —*Lancet*, May 22, 1858.

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Fall Across a Chair by an Eighth-Month Pregnant Woman, with Laceration of Genitals and Escape of Liquor Amnii; Regeneration of this Fluid and Delivery beyond Full Time.—The following remarkable case was treated at St. Pancras Royal Dispensary under care of Dr. GIBB:—

Mrs. T.——, aged thirty-three, a small spare woman, the mother of four children, and just eight months gone with her fifth child, was standing upon a chair, in the afternoon of the 7th of January, and was lifting her right foot on to the sill of the window to hang up something, when the chair slipt, and she fell straddleways across the back of the chair, and then, with the chair, fell heavily on to the ground upon her side. Simultaneously with the accident there gushed about a pailful (as she describes it) of blood, but which proved to be the liquor amnii and blood, which continued to flow for a little while and then diminished, a little discharge of blood, however, still continuing. She was severely hurt in the external parts, which were found to be lacerated on Dr. Gibb's seeing her, about two hours afterwards. The part injured was the upper portion of the left nympha, which was torn across, and was very sore

and tender. A pencil-shaped clot of blood protruded from the urethra, but about an hour before she passed her urine naturally and without difficulty. The vagina was uninjured, and so was the uterus, so far as could be ascertained. The abdomen was quite soft and flaccid over the uterus; its prominence had greatly diminished from the loss of fluid, but the motions of the child were distinctly felt. She had suffered some slight collapse, and was very cold; reaction, however, set in, and the pulse became moderately full, soft, and 88 in number. She expressed some uneasiness about her children. The bleeding had quite ceased, and she now lay quiet and tranquil. An anodyne draught was ordered of laudanum and camphor mixture.

Jan. 8.—She has passed a good night, with occasional bleeding from the wound. To-day she is free from pain; her abdomen is quite soft; no labour-pains.

She went on well without a bad symptom, and attended to her household affairs. The abdomen slowly filled after a few days. Her bowels were relieved once only by a dose of castor oil, and the wound perfectly healed up.

Feb. 5.—She has gone on quite well without any bad symptom; the uterus has become filled again by regeneration of the liquor amnii, and the motions of the child are quite strong. The abdomen is now much larger than before the accident, and her health is good.

March 28.—Labour set in at nine o'clock this morning, and birth was given to a female child at the same hour on the next day. The membranes ruptured six hours after the commencement of labour, when a very large quantity of liquor amnii escaped, followed afterwards by a good deal of hemorrhage. The head was high up, and the presentation that of the hand across the head. The labour was somewhat tedious, but delivery was satisfactorily accomplished, with the hand at the side of the head.

She had no untoward symptoms after delivery, and got up on the tenth day. The patient states that she has had a better time of it than with any of her previous children, and that the labour was quicker. Both mother and child are now (May 15) quite well.

We may remark that, according to the period of delivery, as stated above, which took place two months and a half after the accident, some doubts might be felt as to whether she was actually eight months gone at the time of its occurrence. This, however, she states to be the case, and, on careful inquiry, there seems no reason to doubt the truth of it.

It is quite possible that the period of utero-gestation was prolonged, from the very fact of the loss of the liquor amnii, the complete repose thus given enabling the uterine contents to assume their normal condition.—*Lancet*, May 22, 1858.

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Divergent Strabismus.—We adverted a few weeks ago to two cases of divergent strabismus, under Mr. CRITCHETT'S care, at the Moorfields Ophthalmic, the subjects of which were a father and daughter. In each the degree of divergence, which was great, was almost exactly similar. The father had, however, contracted his; but in the daughter the deformity was congenital. An unfavourable prognosis as to the results of the ordinary operation was, therefore, given by Mr. Critchett in the latter case. The operation was performed on both patients on the same day, and consisted in the division subcutaneously of both external recti. The father's eyes remained perfectly straight afterwards; but, as had been feared, the girl's were in the course of a fortnight almost as widely divergent as ever. Under these circumstances, Mr. Critchett determined to adopt a procedure for bringing forward the attachments of the internal recti, which we have several times before seen him perform, and which we described in these reports about four years ago. The patient being under chloroform, with scissors and forceps the conjunctiva of the inner side of the globe was divided at about a quarter of an inch distance from the corneal margin, for a length of three fourths of an inch. The dissection was continued inwards, until the internal rectus and the adjacent fascia and cellular tissue having been freely divided, the first third of the inner side of the globe was cleared, and a considerable flap, consisting of muscle, conjunctiva, and intervening cellular tissue turned inwards. Sutures were now passed through the whole of this flap, half an inch from its free margin, and again through the narrow attachment of conjunctiva at the edge of the cornea. A curved portion of the flap (at its deepest part fully the third of an inch wide) was next cut away, and the sutures were then tied across.

This had the effect of drawing the eyes very much inwards, giving a very decided internal squint. Three sutures on each side had been employed. When we last saw the patient, there was still a slight degree of internal strabismus; but as the tendency would no doubt be towards the production of the original divergence, the eyes will, in all probability, be straight in the course of a few months. Even should they not, however, their present condition is very greatly preferable to the state of things before the operation.

This operation* is like many others of those performed on the appendages of the eye, not nearly so difficult to perform as it may, we dare say, strike the unpractised reader of our description. It is one which can be most confidently recommended for bad cases of divergent squint, whether the result of previous operations or otherwise. Cases of divergence are, we may again remark, attended by infinitely more of disfigurement, and are at the same time far more difficult to remedy than those of convergence. For the latter *subconjunctival* myotomy, as practised at Moorfields, realizes everything that can be expected of a surgical procedure, and very rarely indeed requires any modification.—*Medical Times and Gazette*, April 12, 1858.

CLINICAL LECTURE.

Clinical Lecture on Pulmonary Hemorrhage. By JAMES ALDERSON, M. D., Senior Physician to St. Mary's Hospital.—GENTLEMEN: There are at this time a number of cases in the wards, which form a group, displaying all the same formidable symptom of hemorrhage from the lungs. Separately examined, these cases will also afford so many subjects for tracing the various causes whence that formidable symptom may arise. I shall preface what I have to say by a few general remarks on medical study which I conceive to bear especially on the interesting subject before us.

There are two methods by which we may study disease: one to consider the pathological condition of the organ in fault, and having fully understood it, then to observe the various symptoms consequent on the pathological change; the other is to bestow your primary attention on the symptoms of the case, and afterwards to investigate the several morbid conditions which may give rise to them. The first is a safe course of study, in which, as diligent pupils, you can scarcely lose your way. The second is a course still more needed for perfect information, but many students fail to gather the full reward of their industry by becoming unduly absorbed in the contemplation of symptoms; thus, by neglecting to seek for the original causes, they will fail to learn that there may be many for the same phenomenon. The danger of falling into this error is increased by the mode of pursuing medical science continually coming more in vogue—viz., the subdivision of medical labour, leading to what are called specialities. It is obvious that the eye long exercised on given subjects may perceive those points more clearly than a less diligently directed organ, but it is a psychological fact, that the mind, too much absorbed in one limited field of investigation, becomes narrowed in perception, and incapable of wider trains of reasoning. Now, we know that natural science is linked together by primary laws, some known, some yet to be discovered. It is plain, therefore, that comprehensive views of phenomena and their causes are needed in order to make any advance towards realizing truth. In practice, I would not deprecate undivided close attention to the nature and treatment of such organs as the eye and ear, because their special knowledge and special manipulation are required; but in the vast subject of internal disease, the habit of taking a wide view of all the distinctive features, and reasoning on them as a whole, cannot safely be surrendered to the narrower course of choosing some essential but limited train of symptoms for favourite contemplation. The progress of fashion is unfortunately dividing every organ, and even some particular derangement of the particular functions of every organ, into a separate subject for exclusive study. By this process, secondary symptoms are being continually exalted into primary diseases, tending, in many cases, to the neglect of vital phenomena, and in all to the obscuration of much pathological truth. The practical result is, the adoption and laudation of specifics.

The second course of study which I have alluded to, and which has given rise to these remarks on specialities, is, however, that

* An account of it is given in Mr. Dixon's admirable work on "Diseases of the Eye." Mr. Dixon warmly recommends it.

which strictly belongs to clinical teaching. We will therefore pursue it, endeavouring to avoid the error of classing disease too much by symptoms, and too little by the causes.

The popular view of hemorrhage from the lungs refers it to the rupture of a bloodvessel; it is also the common belief that such hemorrhage is the beginning of consumption. Now, it is not always the breaking of a bloodvessel; and whether it is or is not so, consumption does not always follow. It is not denied, as we shall see hereafter, that hemorrhage may take place from a ruptured or ulcerated vessel in the lungs, but this form of hæmoptysis is the exception to the general rule.

Hemorrhage from the lungs most frequently occurs by means of exudation through membranes or the coats of vessels. Exudation of blood may also result from a constitutional derangement, of which I shall presently describe an instance in one of the cases before us. They are also exceptional cases, the cause of which I shall presently refer to; but by far the greater number are to be referred to the existence of tuberculous deposit. It is not difficult to understand how the presence of tubercular matter will cause blood to be exuded from the vessels. As all the blood of the body has to pass through the lungs, for the purpose of purification before being again transmitted to the system, it is plain that the presence of any foreign body in the lungs must offer obstruction to the free transmission of the blood, and cause delay and congestion. The greater the quantity of blood present in the lungs, the greater must be the necessity of the presence of air to purify it; and the forced accumulation of both occasions the blood to exude from the surface of the membranes and vessels. Hence we account, not only for the symptom before us, but also for the dyspnœa, or difficulty of breathing. It must also be borne in mind that the structures and vessels are altogether impaired in tubercular constitutions, and therefore admit more easily of transudation.

In the latter stages of pulmonary consumption, the hemorrhage results, not only from exudation, but from ulceration of smaller vessels in the immediate neighbourhood of softened tuberclea. In the progress of the disease this hemorrhage is small in quantity, though frequently repeated; but in advanced cases of a particular class it is profuse and generally fatal, having resulted from the ulceration of a large vessel. This lesion is still essentially different from what is termed the breaking of a bloodvessel, as, for instance, in the brain or its membranes, whether as in apoplexy, or as the result of an injury.

If we now briefly review the general character of spitting of blood, we shall find that it occurs under two forms—the one severe, the other slight. In the first, several ounces of blood will be brought up at once—six or seven or more ounces at a time. In the other, only specks or streaks may be seen in the expectoration; both forms being referable to exudation from obstruction; and although it is only the larger quantity which terrifies the patient, both forms equally reveal to the physician the existence of a diseased condition of the lungs.

When profuse, the blood is usually of a florid colour, frothy from the admixture of air, and clots of dark blood will be occasionally spit up, or sometimes apparently vomited, when a sort of convulsive action of the diaphragm accompanies the expectoration of the blood. A difficulty of breathing almost universally attends it, as well as pain, which is usually referred to the sternum, though sometimes to the side affected.

You will now follow me through the case of J. F——, in Albert ward. He was received into the hospital having a severe attack of spitting of blood, which had come on suddenly, to such an extent, that in a few hours he had expectorated six or eight ounces. He was not in the slightest degree emaciated, the arms and chest being well covered with flesh; though he admitted that he had some slight difficulty of breathing, and a little cough, there had not been sufficient distress before the hemorrhage began to warn him that there was anything wrong within the chest.

The patient is twenty-one years of age, and by trade a bootmaker; and in the course of his employment he had to use strong exertion, and whilst thus at work the spitting of blood came on. His pulse was 100 in a minute, but he had no fever; his bowels were confined. On examining the cheat we perceived that he did not expand the right side as well as the left; on percussion, at about a couple of inches below the clavicle, over the upper lobe of the lung anteriorly, there was a decided dulness, very perceptible when compared with the sound on per-

cussion on the left side; some degree of dulness was also found posteriorly by percussion. By the stethoscope the respiratory murmur over the left side was clear and good; over the right side, a crepitation or crackling over the upper lobe, together with here and there increased resonance of the voice. For treatment, he was immediately ordered a dose of calomel and colocynth, followed by sulphate of magnesia in infusion of senna; he was also ordered acetate of lead with morphia, and diluted with acetic acid at intervals; for drink, lemonade; enjoined perfect rest; simple diet, to be taken cold.

The use of the dilute acetic acid is to keep the lead in the state of superacetate. The aperient treatment had for its object to divert the flow of blood to the bowels. When constipation exists, the active treatment of this symptom is of great value, and is often found of itself sufficient to stay hemorrhage.

I have the following notes of his state on the third day:—

The pulse still 100 in a minute; the cough not troublesome, but still existing. Great relief had followed the action of the aperient. His expectoration clear and frothy, but free from blood. On examining the chest by the stethoscope, the air was found to enter freely and rapidly on the left side, but a hesitation or delay occurred to the passage of air into the cells on the right side, conveying an idea of some obstruction to its admission, as if resisted by some foreign body, the expiratory murmur being longer than the inspiratory. The pulse soon after this fell to 80, but in a day or two again rose to 100, when the expectoration again showed a few specks and streaks of blood. He complained of pain and weight over the upper part of the right lung where the breathing was a little tubular, indicating again some consolidation from tubercular deposit. A few leeches and a cupping glass were applied; the aperient was repeated, and for the lead were substituted nitrate of potash and digitalis, with a view to act on the kidneys, and to control the heart's action; and the opiate was discontinued to avoid confining the bowels.

This appears to be a case of tubercular deposit in its earliest stage, the deposit being confined to the right lung, and being at present so limited in extent as not to have set up alarm in the constitution, the processes of nutrition not having as yet been interfered with. This man will be liable to returns of hæmoptysis, the severity of which would probably be heightened by any violent or unusual exertion. He will, sooner or later, be the subject of pulmonary consumption. His interval of tolerable health will be regulated by the favourable or unfavourable circumstances which may attend his life, and in a great measure on the care and treatment of symptoms as they arise.

A certain degree of relief for a time from his alarming symptoms may result from the equilibrium of the circulation through the lungs being, in a measure, restored. It is possible that the tubercular deposit has taken place rapidly, presenting a sudden obstacle to the transmission of blood through the lungs. A large withdrawal of the functional powers of a vital organ may be compatible with continued life, when the change takes place gradually, and the system has time and power to accommodate itself; but sudden interferences of a much slighter character will destroy life before the system has had time to accommodate itself to the change.

I shall now direct your attention to a case in which hæmoptysis occurred in a later stage of pulmonary consumption—that of S. B——, in Carlisle ward. This young woman, aged nineteen, has been received into the house more than once during the last year, with symptoms of phthisis so obviously marked that "he may run that readeth." On receiving partial relief she has been discharged. During her former admissions there were some appearances of spitting of blood, and this symptom has now become more grave and constant. The blood she spits is still only small in quantity at a time. It appears in specks and streaks, mixed with much purulent and offensive expectoration. The blood is florid. Her cough is most distressing, loud, and frequent, and she suffers from the constant effort to vomit during the paroxysms. The case last considered was one of obstructed circulation through the lungs, and consequent exudation of blood through the membranes; in this case the blood is not only obstructed by tubercular deposit, but also escapes from the vessels in the immediate neighbourhood of the tubercles, the vessels being perforated by means of the ulceration which has taken place in the process of the softening of the tubercles and the breaking up of the lung. The chest in this young woman is nearly

immovable, and to this circumstance may, perhaps, be attributed the slow progress of the disease. Adhesion of the lungs to the chest controls the movements of the lungs during respiration, keeps the organ quieter, and thus avoids irritation of diseased surfaces. The vomiting is a usual and marked symptom of pulmonary consumption. This may be referred partly to the expectoration dwelling about the fauces, but arises chiefly through the medium of the association, by nervous influence, of the throat, lungs, and stomach, which is effected by the pneumogastric nerve, and is a reflex act.

In the treatment of this form of hemorrhage, palliatives are the only resource. Opiates to allay the irritation, and occasional local means to repress the attacks of pleuritic pain; a single leech to relieve the action set up at points where tubercular matter reaches the pulmonary pleura, exciting and giving rise to adhesions; or a liniment of chloroform and opium may also be used to subdue the pain till adhesion takes place. To restrain the hemorrhage, and to prevent as much as possible the offensive character of the expectoration, alum is excellent. Creasote is also found useful: it seems especially indicated in these cases. It is not only a deodorizing agent, but stays sickness, and seems generally to palliate symptoms. If one searches for a reason for this palliation, I should give the following: The lung having lost its power, from want of space to throw off the carbon of the blood, the oxygen present during respiration remains free to damage the structure; creasote, therefore, being chiefly carbon, is offered to the oxygen, neutralizing the bad effects of the latter. Creasote is, in another form, the old tar water of the last century, which had a fashion without an explanation. Many remedies are taken up from good experience, but laid down because they are not explained. I only deprecate the present fashionable quackeries, as cod-liver oil, &c., because they can be explained, and the reason has been found insufficient.—*Lancet*, April 24, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Abstract of the Proceedings of the Annual Meeting of the Medical Society of the State of Pennsylvania.—The Society convened at Russell's Hall, in the city of Lancaster, at 11 A. M., on Wednesday, May 26; Dr. John L. Atlee, President, in the chair.

Dr. F. A. Muhlenberg, of Lancaster, welcomed the delegates with a brief address, alluding to the fact that the first meeting of the State Medical Society was held in Lancaster, ten years ago; and tendering the hospitalities of the city to its present members.

The President announced the death of Dr. Septimus A. Ogier, of Chester County, one of the Recording Secretaries. Dr. John K. Raub, of Lancaster County, was elected in his place.

The President, Dr. Atlee, then delivered the annual address; for which, on motion of Dr. Schrack, the thanks of the Society were presented, and a copy was requested for publication.

The following resolutions were adopted, on motion of Dr. J. L. Atlee, Jr.:—

Whereas, It has pleased Providence to remove from us Dr. Septimus A. Ogier, one of the Recording Secretaries of this Society, who, while engaged in the practice of his profession in Chester County, met with a violent death from a collision with a railroad car, in November last:

And whereas, Dr. Ogier, by the courtesy of his manners, his scientific attainments, his ardent pursuit of his profession, and highly estimable character as a man, had acquired the esteem and respect of his professional brethren; be it therefore

Resolved, That this Society has heard with profound regret of the melancholy and sudden death of its Recording Secretary, Dr. Septimus A. Ogier, and will cherish the memory of his virtues as a man and as a professional brother.

Resolved, That the Corresponding Secretary of this Society be requested to communicate to the family of Dr. Ogier a copy of the above preamble and resolutions.

The Society then adjourned till afternoon.

Afternoon Session.

Invitations were received and accepted to visit the Lancaster County Normal Institute, and the Franklin and Marshal College.

A nominating committee was appointed, consisting of one member from each of the following counties, delegates from which

were present, viz: Beaver, Blair, Carbon, Chester, Lancaster, Montgomery, Philadelphia, Perry, Susquehanna, and York.

The President read a circular addressed to the Society by a committee of the Medical Society of the State of Indiana, requesting an interchange of *Transactions*.

Dr. Schultz, of the State Lunatic Asylum at Harrisburg, and the members of the Committee of Arrangements who were not delegates, were, on motion, admitted to seats in the Convention.

Dr. R. La Roche presented a memorial from the Philadelphia Medical Society, founded in 1792, requesting a representation in the State Medical Society, based upon the number of its members who are not at the same time members of the Philadelphia County Medical Society, and offering resolutions to that effect.

On motion, after some discussion, the consideration of the subject of the memorial and resolutions was postponed until next year.

Dr. H. Carpenter, of Lancaster, offered the following amendment to the Constitution, which was laid over under the rule, viz., to add to the article concerning County Societies the words, "*Provided*, That in counties whose population will admit of it, the profession shall have the right or privilege to form an additional Society for every 200,000 inhabitants; no person being permitted to hold membership in more than one County Society; and such societies to be numbered according to seniority."

The report of the Committee on Meteorology was read by Dr. A. L. Kennedy; with a communication from Prof. Henry, Secretary of the Smithsonian Institution, in regard to the difficulty of obtaining correct observations upon the electrical state of the atmosphere.

On motion of Dr. R. P. Thomas, the Nominating Committee was directed to propose the names of three members to represent this Society in the Convention to meet at Washington, in May, 1860, to revise the United States Pharmacopœia.

Invitations were extended to the profession of Lancaster, as well as to the delegates, to visit the residences of Drs. Muhlenberg, Atlee, and Carpenter, in the evening.

Thursday Morning.

Sanitary reports were read, and referred to the Committee of Publication, from the following counties, viz: Beaver, Berks, Blair, Carbon, Chester, Lebanon, Montgomery, Perry, Schuylkill, and Susquehanna.

Biographical notices of the late Drs. S. A. Ogier, E. Gatchell, and R. B. Dilworth, accompanied the report from Chester County.

On motion of Dr. Cunningham, the Committee of Publication was instructed to print the Constitution of the Society with the *Transactions* for the present year.

On motion of Dr. Raub, the Code of Ethics was directed to be added.

Drs. Condie and Emerson were continued a committee to procure a supply of original vaccine virus.

The Committee of Publication reported that the funds of the Society did not admit of the publication, at present, of the Form of Record for private medical statistics, referred to that committee last year.

On motion of Dr. Ehler, the subject was again referred to the committee, with the same discretion.

The President and other officers of the Society were, on motion of Dr. H. Carpenter, continued as a committee to increase and extend the organization of the profession throughout the State.

The following resolution was received from the Philadelphia County Medical Society, in reply to a reference made at the last meeting to the different County Societies:—

Resolved, That it is inexpedient to urge, at present, the passage of the resolutions submitted to the State Medical Society, in reference to the meetings of, and the basis of representation in, the American Medical Association.

The Nominating Committee reported the following list of officers of the Society for the ensuing year, who were thereupon unanimously elected:—

President—Smith Cunningham, Beaver County.

Vice Presidents.—Henry Carpenter, Lancaster Co.; Isaac Lefevre, Perry Co.; Wm. Corson, Montgomery Co.; W. H. Gunkle, Chester Co.

Corresponding Secretary.—Joseph Carson, Philadelphia.

Recording Secretaries.—Henry Hartshorne, Philadelphia; John K. Raub, Lancaster Co.

Treasurer.—R. P. Thomas, Philadelphia.

Censors.—*1st and 2d Districts:* A. S. Bare, Lancaster Co.; P. G. Bartolet, Berks Co.; Wm. D. Hartman, Chester Co.; Hiram Corson, Montgomery Co.; Charles Martin, Lebanon Co.; Horace Ladd, Carbon Co.; Braton Richardson, Susquehanna Co.; Wm. Mayburry, Philadelphia. *3d and 4th Districts:* Wm. R. Findley, Blair Co.; J. B. Luden, Huntingdon Co.; C. J. Hirst, Blair Co.; Thomas Woods, Lycoming Co; Joseph Henderson, Mifflin Co.; James Galbraith, Perry Co. *5th and 6th Districts:* J. Wishart, Washington Co.; G. W. Allison, Beaver Co.; D. Leasure, Lawrence Co.; J. P. Gazzam, Alleghany Co.; John Loman, Cambria Co.

Delegates to American Medical Association. — P. Cassidy, Lancaster; W. W. Townsend, Chester Co.; P. G. Bartolet, Berks Co.; S. Cunningham, Beaver Co.; John Schrack, Montgomery Co.; D. S. Hayes, Blair Co.; R. La Roche, Philadelphia; L. A. Smith, Susquehanna Co.; J. E. Singer, Perry Co.: Horace Ladd, Carbon Co.

Committee of Publication.—A. L. Kennedy, W. B. Atkinson, C. Percy La Roche, Philadelphia.

Delegates to the Convention to Reform the Pharmacopœia.—Augustus Ehler, Lancaster Co.; Wilmer Worthington, Chester Co.; W. R. Findley, Blair Co.

The designation by the committee, of Philadelphia, as the place for the next meeting of the Society, was, on motion of Dr. Ehler, of Lancaster, approved.

Dr. Henry Carpenter proposed an amendment to the Constitution, altering the time of the annual session to the second Wednesday in June; which was unanimously adopted.

The President elect, Dr. S. Cunningham, of Beaver County, then took his seat, acknowledging the honour with appropriate remarks.

On motion of Dr. Schrack, the thanks of the Society were presented to the retiring President and other officers.

On motion of Dr. Kennedy, the thanks of the Society were also tendered to the local Committee of Arrangements, and other citizens of Lancaster, for many polite attentions to the members; to the authorities of Franklin and Marshall College, and Lancaster County Normal Institute, for invitations to visit those institutions, and to the Pennsylvania Central and Reading Railroad Companies for facilities in going to and leaving the Convention.

On motion of Dr. La Roche, the Society then adjourned.

The number of delegates in attendance this year was, owing to the inclemency of the weather, and other causes, unusually small; but they have been nowhere more generously received than by the profession and citizens of Lancaster.

After the adjournment of the Society, carriages conveyed the members to Franklin and Marshall College, to the Lancaster County Normal Institute, and thence to Wabank, where an elegant entertainment awaited them, as the guests of the Lancaster County Medical Society.

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Massachusetts Medical College.—An announcement just issued by the Faculty of the Medical Department of Harvard University informs us of important changes which have taken place in our Medical School. The period of instruction, instead of including only the lectures of the four winter months, as heretofore, is to extend throughout the whole year, with the exception of appropriate vacations. In order to carry out this intention, the Tremont Street Medical School, heretofore an institution for private medical instruction, has been merged in the College, and the course will consist of lectures during one portion of the year, and of recitations and study and clinical instruction during the other portion. The instructors of the Tremont Street School have for some time been the same as the professors in the college, hence the union of the two institutions has been accomplished without difficulty; and the teachers will be enabled to adopt the two courses mutually to each other, so that the student will be assisted in his studies and observations during the summer course in the manner best calculated to enable him to profit by the lectures in the winter.—*Boston Med. and Surg. Journ.*, April 8, 1858.

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Medical College of the State of South Carolina.—We are pleased to learn that our friend, Dr. P. C. Gaillard, has been elected to the chair of Theory and Practice of Medicine in this school, recently vacated by Dr. Dickson. Dr. Gaillard is a well-educated and accomplished physician, and a gentleman of the highest character, and we feel

sure that he will fully sustain the reputation of the school.

We also learn that our friend, Professor Geddings, has resigned the chair of Surgery in this school, and that Dr. J. J. Chisholm has been elected to fill his place. Dr. Geddings is one of the most learned surgeons in our country, and has long been an industrious teacher and practitioner. We wish him, in his retirement, the pleasure and contentment to which his long and valuable services justly entitle him.

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Pennsylvania Medical College.—Dr. T. G. Richardson has resigned the Professorship of Anatomy in the Medical Department of Pennsylvania College, and Dr. J. H. B. McClellan has been elected to the vacant chair.

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University of Louisiana.—Dr. T. G. Richardson has been appointed to the Professorship of Anatomy in this school, rendered vacant by the resignation of Dr. J. C. Nott.

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University of Louisville.—Prof. H. Miller has resigned the chair of Obstetrics in this school.

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Medical Graduates in 1858.—

Medical College of Virginia, - -	21
University of Louisiana, - - -	68
University of Louisville, - - -	31
Transylvania University, - - -	12
Kentucky School of Medicine, - -	11

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Medical Classes, Session 1857–'58.—

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FOREIGN INTELLIGENCE.

Death from Chloroform.—Dr. Binz, of Bonn, having to operate upon a cicatrix situated on the forehead of a strong and healthy student 23 years of age, had him laid on a sofa, the head and chest being propped up erect. For some years past he had been in the habit of drinking eight or ten glasses of beer daily, but had taken only two or three the day prior to the operation. After removing any article of clothing that could have caused compression, and found that the actions of the heart and pulse were normal, the latter beating about 90, chloroform was administered. This soon produced great excitement, the patient starting up, and tossing his arms about, complete collapse, however, rapidly supervening; all this happening within ten or twelve seconds. Water was dashed in his face, the soles of his feet were brushed, and a finger was passed into the mouth so as to ascertain that the tongue and epiglottis were in their normal positions. Artificial respiration was now instituted, and continued for a full hour, the friction of the soles being persisted in. Dropping melted sealing-wax on the chest and electricity were also resorted to—all in vain, for the patient was dead. At the autopsy the upper surface of the brain was deficient in blood, but a great abundance of very dark-coloured blood flowed away when the incisions were made for the removal of the brain. The meningeal arteries in different places contained air-bladders; but the other arteries, which were of a blush-red colour, did not exhibit this appearance. The pia mater was easily separable; and the bloody points, on making sections of the brain, were numerous, but no extravasation could anywhere be found. The medulla oblongata was also in a normal condition. The heart was, as Casper states it always is in these cases, relaxed, pale, and empty of blood, while both venæ cavæ contained abundant coagula. The valves and substance of the organ were completely normal. At the highest calculation only six drachms of chloroform could have been administered; and an exact chemical examination has proved its purity.—*Medical Times and Gazette*, May 1, 1858, from *Deutsche Klinik*, No. 13.

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Death by Chloroform in Germany.—A Professor of Natural History, aged thirty, of good constitution, and generally in excellent health, had for a few days severely suffered from toothache, and resorted to inhalations of chloroform to soothe the pain. One evening, after having been to the theatre, and supped with some friends, he went to bed, at his usual hour, with a terrible toothache. On the next day he was found dead in his bed, lying on his side, holding in his hand a handkerchief at a short distance from his mouth. On a table near the bed stood a phial containing chloroform, the vapour of which had saturated the air of the room. As the weather was hot, decomposition proceeded with fearful rapidity.

No post-mortem examination took place.—*Lancet*, May 15, from *Deutsche Klinik*, No. 32, 1857.

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Death from Inhalation of Chloroform in Paris.—A patient, who was about to have a testicle removed at the Military Hospital of Gros Caillou, at Paris, died recently from the effects of inhalation of chloroform before the operation was commenced.

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Penetration of Lumbrici into the Liver during Life.—Professor MATTEI furnishes an additional example of the rare case of lumbrici found in the liver. In the body of a man, aged 40, numerous lumbrici were found in the alimentary canal; and on incising two projecting portions of the convex surface of the liver, in each of these a lumbricus was found. The two cavities in which were the worms were but little larger than themselves, and contained a turbid fluid, holding pus globules in suspension, and numerous ova of the worms; the cavities were lined with layers of concreted fibrin; and the surrounding parenchyma was injected and indurated, as if from chronic phlegmasia, evidently proving that the worms had gained access to the organ long prior to death. In the case of one of the cysts its continuity with the biliary passages was demonstrated by the passage of water. Dr. Senderini also related a case in which he had found a lumbricus, 13 centimetres in length, in the biliary duct.—*Med. Times and Gazette*, May 1, 1858, from *Annali Omodei.*

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New Method of Amputation.—M. MAISONNEUVE read lately a paper before the Academy of Sciences of Paris, on a new method of amputation, which he calls the *diaclastic* method. It consists of a contrivance for fracturing the bone at the precise point required; after which the muscles are strongly compressed by mechanical means, so as to reduce them to a small diameter. They are divided, and the member separated from the trunk. In consequence of the compression, all hemorrhage is effectually prevented. M. Maisonneuve quoted six cases of amputation by this astonishing procedure—five of the leg, and one of the arm; in all of which complete cures were effected. No unsuccessful cases, he says, have occurred to him.—*Lancet*, May 15, 1858.

Chlorate of Soda as a Substitute for Chlorate of Potash.—M. GUENEAU DE MUSSY states (*Revue Médicale*) that, struck with the little solubility of chlorate of potash, he substituted the chlorate of soda for it, as the latter salt is much more soluble than the former. The taste of the chlorate of soda is, moreover, less disagreeable than that of the other salt, and can be given in a smaller quantity of vehicle. M. G. has given the chlorate of soda in several cases of diphtheria with success.

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The Diseases of Quinine-Makers.—M. A. CHEVALLIER, at the last sitting of the Academy of Sciences of Paris, communicated a paper on the diseases to which workmen employed in the manufacture of sulphate of quinine are subject. It appears from his statement that one of the disorders is a cutaneous affection severe enough to force them to suspend work for a fortnight, a month, or sometimes altogether. M. Chevallier further quotes M. Zimmer, of Frankfort, to testify to a particular kind of fever-bark fever (das China Fieber), which affects workmen engaged in pounding bark. This has not yet been observed in France. It is described as so painful that those who have once suffered throw up employment rather than risk a second attack. As for the cutaneous affection, it attacks not only workmen but those about the place, and affects alike the sober and the intemperate. No remedy has as yet been discovered.—*Lancet*, May 22, 1858.

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Two Superfluous Ears.—A little girl, recently under Mr. BIRKETT's care in Guy's Hospital, might have more than answered to Macbeth's requisition, "Had I three ears, I'd hear thee!" since she possessed no fewer than four aural appendages. The two superfluous ones were situated on the sides of the neck somewhat lower than the angles of the jaw, and were well developed as far as regards their external contour, and the possession of fibro-cartilage. They had, of course, no deeper structures, and merely grew from the skin. Mr. Birkett had had the child under observation almost from the time of birth.

In connection with these examples of congenital deviations from natural formation, we may mention that the curious in these matters may have an opportunity of seeing a case in which one lower extremity is nearly two inches longer than its fellow, by

looking into Mr. Birkett's wards. The muscles in this case appear proportionately developed to the extra length of the bones. —*Med. Times and Gaz.*, May 22, 1858.

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Resection.—During a recent discussion in the Belgian Academy of Medicine, upon a case of resection of the elbow, M. SEUTIN took occasion to observe that the inclination of surgeons for having recourse to resection was very much subsiding; and that, for his own part, once a great partisan of this operation, he now very rarely had recourse to it, finding that by patient care, extending over not merely a few months, but for two or three years, an operation may frequently be averted, and a useful stiff joint secured.—*Bulletin de l'Acad. Belgique*, tom. xvi. p. 273.

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Congenital Deficiency of One Breast in a Girl.—A girl, aged 10, now attending as an out-patient at the Metropolitan Free Hospital, under the care of Dr. STAVELEY KING, affords an example of a rare congenital abnormity, viz., the entire absence of one mammary gland and its nipple. It is the right gland which is wanting. The opposite one appears naturally developed. As is, we believe, usual in these cases, the lower serrations of the pectoralis major muscle are also deficient. There is no history of any of the child's relatives having had a similar abnormity, but her mother states that at an early period of her pregnancy she saw a woman who had had an operation performed on her breast, and that the circumstance made a vivid and painful impression on her mind.—*Med. Times and Gaz.*, May 22, 1858.

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Wind of a Shot.—The following extract from an Indian letter confirms the doubts entertained as to deaths attributed to the "wind of a shot:" "Brigadier Russell is also about to leave the army, under the advice of a medical board. Never, perhaps, in all the chances of war has there been such an escape as his. A cannon ball cut the gold watch-chain at the back of his neck as cleanly as if it had been a pair of nippers, and did him no further injury, except inflicting a shock to his nervous system."—*Med. Times and Gazette*, May 15, 1858.

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Sound Common Sense and Quackery.—There are few more dangerous men in society than he who prides himself upon his sound common sense. Every one has met this man, and knows his characteristics well. He has no book-learning, and is inclined to be thankful that he has not; he is none of your recondite bookworms, full of cranks and nonsense; he is a thoroughly common sense man. And so, without any special knowledge upon any subject, he thinks himself qualified to decide upon all. He makes his own will in a plain and straightforward way, which involves his heirs in an endless chancery suit. He does everything in his own private and sensible fashion, and being always "open to conviction," ten to one but he falls a victim to the first plausible quack whom he meets. He eschews the mysteries of medicine, and laughs at the carefully-wrought theories of the treatment of disease. He trusts to the light of common sense, and adventures by its aid to grope obscurely amongst the complicated ropes and pulleys by which man's frame is guided, and to tamper with the delicate machinery, with about as much success as an ignorant land-lubber might have in adventuring to handle a ship's ropes in a storm, reefing when he should furl, and hoisting sail when he should scud with bare poles. Common-sense men delight in acting as their own physician: and this, to be sure, they have a right to do; and, if they choose, to poison themselves with lobelia, salivate themselves with "vegetable" mercury, or line their intestines with antiseptic charcoal. We should be very little inclined to dispute this, their undoubted privilege. But they are commonly unwilling to confine the benefits of their common sense to their own proper person, and in their anxiety to extend them to other less sensible fellows they bring themselves within the range of sharp criticism. It is thus that we find ourselves called upon to concur in a vigorous rebuke inflicted by an inquest jury at Woolwich, upon a Mr. Clark, a dissenting minister. This gentleman, considering hydropathy to be based upon reasonable principles, and to be a more "sensible system" of medication than that recommended by the great men who have devoted their lives to the study of medicine, proceeded to apply his principles to the friendly treatment of an unfortunate man, afflicted with pneumonia, pleurisy, and pericarditis. He immersed his victim in cold water, and swathed him in wet bandages at the time that he was undergoing treatment by calomel. Gross deception was practised upon the qualified attendant. The patient sank rapidly, and Mr. Clark,

finding things look badly for him, beat a hasty but untimely retreat. It was too late to save the patient—if at any time he could have been saved. The jury included in the blame Mr. Clark and the relatives; they greatly censured the blind assurance which could presume to meddle in a matter of life and death, the dangerous ignorance which could so mischievously blunder, and the unworthy deception which could counsel concealment from the attending surgeon. It is hard to say how many lives are snuffed out by sheer ignorance and stupidity. We chronicle but a tithe, and yet our gathering is abundant. Our sheaves overflow with fulness, and the sprouting crop of quackery almost defies the edge of the scythe.—*Lancet*, May 22, 1858.

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M. Chas. Robin.—The cultivators of histology and microscopy will be happy to hear that modern researches respecting the intimate nature of normal tissue and pathological products have now, at the Academy of Medicine, for the first time, a representative, in the person of M. Charles Robin, the well-known author of works bearing upon the study of tissue and of the secrets revealed by the microscope. The new academician was elected on the 11th inst., by 40 votes, his principal opponent, M. Ménière, obtaining 20 out of the 74 votes which were polled. —*Lancet*, May 22, 1858.

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Interment before Death.—A case of restoration to consciousness after burial is recorded by the Austrian journals in the person of a rich manufacturer, named Oppelt, at Rudenberg. He was buried fifteen years ago, and lately, on opening the vault, the lid of the coffin was found forced open, and his skeleton in a sitting posture in a corner of the vault. A government commission has reported on the matter.—*Lancet*, May 22, 1858.

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Vaccination in Berlin.—The President of the Public Police at Berlin has addressed the inhabitants on vaccination and revaccination. In the last month 105 children not vaccinated have been attacked with smallpox, 39 had died. Out of 78 children attacked who had been vaccinated, only one died. In the army, revaccination is enforced, and during the whole year, although the disease has been very prevalent throughout the country, only 35 cases have occurred in its ranks.—*Lancet*, May 22, 1858.

Asylum for the Blind.—An asylum for blind children is about to be established in the diocese of Marseilles. It is said that there are about 50,000 blind persons in France, of whom about 5,000 are children.

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Preternatural Birth.—The *Austrian Gazette* states that a woman, aged thirty-eight, residing at Sofunga, has just given birth to five children, three boys and two girls. Two died; three are in good health; one of the boys has six fingers to each hand.

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New Charter to the University of London.—The University of London have received a new charter, which will exert a considerable influence on medical education. Candidates for degrees will not for the future be called upon for certificates as to *where* or *how* they have acquired their knowledge. They will merely have to produce testimonials of age and good character to entitle them to examination, and the examination passed, the degree must be conferred. This is a great step in advance. The day may come when the same principle will be recognized in medical education, and teachers will then be stimulated to attract students by the value of their lectures, not by the facility with which they grant certificates of attendance on lectures students are *compelled* to attend before they are admitted to examination.—*Med. Times and Gaz.*, Feb. 27, 1858.

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Obituary Record.—24th April, after a protracted illness, in the year of his age, William Gregory, Professor of Chemistry in the University of Edinburgh. He was the son of the celebrated James Gregory, formerly Professor of Medicine in the same university. He was an able and accomplished chemist, and a favourite pupil of Liebig.

—— Died, in Dublin, on the 23d April, 1858, of apoplexy, in the 63d year of his age, Robert Harrison, late Professor of Anatomy in Trinity College, and well known as an able teacher and as the author of the *Dublin Dissector*.

—— At Vienna, of meningitis, in the prime of life, Prof. Mauthner, Director of the St. Anne's Hospital, and a principal to the *Journal für Kinderkrankheiten*.

—— Suddenly, at Berlin, on the 28th of April, Johannes Muller, Professor of Physiology and Anatomy.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Dilatation Treatment of Obstructions of the Nasal Duct.—The plan of slitting up the lachrymal canal in order to gain access to the sac and nasal duct, as first practised by Mr. BOWMAN, is now very frequently followed in the out-patients' room at Moorfields, and with most satisfactory results. Formerly, in order to allow of catheterization of the nasal duct, an incision had to be made into the sac, and risk was run that a fistula might remain. Besides this, it was a painful and very troublesome procedure, very disfiguring to the patient as long as the fistula remained open, and of course always leaving a permanent scar. The new plan is exceedingly simple, and avoids all these inconveniences. The lachrymal duct having been freely slit up on its conjunctival aspect, the introduction of a probe of any desirable size into the sac is quite easy, and when there, by elevating the handle, the nasal canal is readily entered. The slit-up duct remains permanently open, but without either disfiguring or inconveniencing the patient, and the surgeon may repeat the use of the probe at intervals for as long as may be necessary. We have seen several very threatening cases of lachrymal abscess wholly cured after two or three dilatations, but in a general way so few do not suffice. The intervals allowed should be from four days to a week, and the probe used should on each occasion be allowed to remain in for half an hour or so. The principle of cure is precisely similar to that of strictures of the urethra by the bougie.—*Med. Times and Gaz.*, June 19, 1858.

[This slitting up the lachrymal canal, in order to gain access to the sac and nasal

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duct for the dilatation of stricture, is wholly unnecessary. The object may be as readily accomplished by the introduction of Hays's probe by the lower puncta, as described in *Lawrence's Treatise on the Diseases of the Eye*, p. 920. (Philad.: 1854.)]

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Abscission of Staphyloma and Closure of the Wound by Suture.—There has been, of late, considerable discussion amongst Ophthalmic Surgeons as to the relative advantages of removing the globe, and of slicing off its front in cases of staphyloma, etc., in which it is wished to introduce an artificial eye. On the one hand, there is no doubt that abscission leaves a better stump, and secures better motion to the artificial front; whilst, on the other, it is a much more formidable procedure than excision of the entire globe. If the globe be removed, the conjunctiva falls together, the air is excluded, and very speedy union results. We have often known the artificial eye introduced within the week. If abscission have been performed, there is, in the first place, risk of most troublesome bleeding from the now unsupported choroidal vessels, and in the second, there is the almost certainty of a tedious suppuration. Often before the sclerotic collapses and the part heals, the inflammation has been severe, and the discharge very profuse, and the patient has had to undergo great and protracted suffering. And this may be stated to be the rule. It is quite exceptional for a patient to be able to resume his occupation in less than a month after such an operation, and a still longer delay is usually needed before an artificial eye can be worn. Mr. Critchett has recently attempted in two instances to diminish these inconveniences, by carefully closing the divided conjunctiva by sutures. Thus, the first step in the operation consists in dissecting back the conjunctiva and cellular tissue, as if for excision of the globe. The anterior part of the eye is then cut off, and sutures having been deeply passed, the whole is closed. The first case occurred about a month ago, but unfortunately we are unable to state the result, as the patient did not attend again. The second was operated on ten days ago, and did most successfully. The greater part of the vitreous was evacuated at the operation. The line of union was horizontal. Five sutures were employed, and the union was close and accurate. Not a single troublesome symptom followed, and a week afterwards, when the lad was again brought before the class in the operating theatre, the part was as well healed as it might have been expected to have been, had the globe been excised. Not the slightest swelling of the lids had occurred, and in another week or two an artificial eye will probably be put in.—*Med. Times and Gaz.*, July 3, 1858.

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Ligature of the Femoral Trunk on Account of Secondary Hemorrhage after Amputation.—In cases of hemorrhage from a large artery in a stump, it is a question not always easy of answer whether the vessel should be resecured from the wound, or a ligature should be placed on the main trunk higher up. In a general way, to re-open the stump and tie the bleeding mouth, would no doubt be the preferable measure; but in certain exceptional cases, Mr. Guthrie's well-known rule on this matter may be judiciously deviated from. A very cachectic man, aged about 30, had his thigh amputated by Mr. Birkett, in Guy's, a few months ago, on account of a large fibro-sarcomatous tumour in the leg. He did well afterwards, and the main ligature came away on the 16th day, all the others having previously done so. Two days after this, early one morning, profuse arterial hemorrhage took place. The stump was now almost healed. In Mr. Birkett's absence, Mr. Bryant was summoned to the man's bedside. The bleeding had been very free, but was wholly arrested by the pressure on the femoral trunk, which the dresser was keeping up. An interval of about two hours now elapsed (pressure being persevered with meanwhile). The tendency to recurrence of bleeding on removing the hand, however, at length made Mr. Bryant determine not to wait longer; and having regard to the man's feeble and cachectic condition, and the probability that ulceration of the vessel had taken place, and that its coats were diseased, he decided to put a ligature on the common femoral. This was done with complete success. The made a good recovery.—*Med. Times and Gaz.*, June 19, 1858.

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Wound of the Femoral Artery—Unusual Arrest of Hemorrhage.—In connection with the point of practice brought under debate by the above case, we cannot forbear men-

tioning very briefly one which has recently occurred in the practice of a surgeon (Mr. Swales), at Sheerness. Although not an hospital case, its interest will excuse our referring to it. A butcher's boy, aged 14, was swinging himself in the slaughter house by a rope hanging from a rafter. By accident, he swung himself with considerable force on to the point of a large knife with which his master was employed at the other side of the room. The thigh which struck the knife was transfixed by it, and an enormous oblique gash on its inner aspect was inflicted. The bleeding was fearful, and the lad was at first believed to be dead. No doubt was felt but that the femoral trunk about its middle and several of its large branches were wounded. Feeling certain that more than one vessel in so large a wound must require ligature if the attempt were made according to rule, and fearing the results of a prolonged search and additional loss of blood in the already exsanguined state of the patient, Mr. Swales determined at once to tie the common femoral. This was quickly done—at least the armed needle was quickly passed under the trunk. On removing pressure, however, from the vessel after the ligature had been passed, it was found that no further hemorrhage occurred. After waiting some time to see if it would return, and there being no reappearance, it was decided to leave the silk *in situ*, but not to tie it. For several days and nights assistants sat by the lad constantly in readiness to apply the finger and to tie the ligature should the bleeding recur. It never did, however; and at the tenth day the ligature silk was withdrawn. The boy made a good recovery, but at the time at which the particulars of the case were communicated to us, no pulsation had returned in the popliteal or tibial arteries. It thus seemed all but certain that the original diagnosis was correct as to the trunk having been involved in the wound. The arrest of hemorrhage was no doubt due to the firm fixture of clots in the injured vessels during the long syncope which followed the accident. As to the wisdom of the daring omission to tie the ligature after it had been passed, the opinions of surgeons will perhaps differ. Few will, however, dispute, but that the reasons which induced Mr. Swales to prefer tying the main trunk to exploring the wound were sound and sufficient.—*Ibid.*

Necrosis of Fragments of Bone in Connection with Diseased Joints.—Mr. Solly has recently had two or three very interesting cases under his care in St. Thomas's, illustrating the occurrence of necrosis of portions of bone in connection with diseased hip-joint. In one, a young woman, the portions were removed by operations, which consisted in the very free laying open of the sinuses, and examination of the parts. The head of the bone was dislocated. The exfoliated portions, which were quite loose, appeared to have belonged to the acetabulum rather than to the femur. The case had originally presented very acute symptoms. The whole of the exfoliated fragments having at length been got away, the girl made an excellent recovery. In a second case it was intended to make exploratory incisions, in the belief that some dead bone would be found; but it being discovered that the man was the subject of pulmonary phthisis, the idea was abandoned. The phthisis ran a rapid course, and an opportunity was soon afforded for a post-mortem dissection of the parts. The diagnosis was then fully confirmed, several portions of bone, which had no doubt been the main causes of the persistent irritation, being found. It is to be borne in mind that these cases are examples of the occurrence of necrosis, together with joint mischief, or rather, perhaps, as a consequence of it. There is another important group, in which the necrosis of limited portions of bone in the close neighbourhood of a joint simulates mischief within its cavity. In the latter, a correct diagnosis of which is exceedingly important to perform, excision would be a blunder, while in the former, it would be justifiable, although not generally to be recommended, if there be reason to believe that the loose portions of bone are sufficient to account for the persistence of the disease, and that the original articular inflammation is tending to cure.—*Med. Times and Gaz.*, June 19, 1858.

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Adhesion of Calculi to the Bladder.—Many surgeons have expressed doubts as to whether calculi ever became really united to the bladder, and attribute to mistaken impressions during the performance of the operation the statements of lithotomists as to their having encountered difficulties in removing the stone on account of adhesions which it contracted. There can be little

doubt but this occurrence is talked of much oftener than it really occurs, but that it does so occasionally is equally beyond reasonable question. Several instances are on record in which calculi were found after death occupying the bladder and united by organic adhesions to its walls, and with such in remembrance it is not fair to set down all those in which the operator's impressions are the only obtainable evidence, as mistakes or as excuses for the indexterous use of the forceps. A case in which the evidence in support of the belief that the stone was really adherent, was unusually strong, has just occurred to Mr. Henry, at the Middlesex Hospital. The patient was a boy aged 11, in whom symptoms of stone had for long existed, but of late with considerable mitigation. A large calculus was easily detected. In the operation, Mr. Henry stated that he found it connected with the anterior part of the bladder, and difficult to reach. Repeatedly it eluded the forceps, and was eventually only seized by the aid of firm pressure made over the lower part of the abdomen. When extracted, its exterior presented some shreds of organized membrane firmly attached. These shreds were submitted to microscopic examination, and were then found to present all the characters of granulation structure undergoing organization. The lad recovered, and so happily no opportunity was afforded for inspecting the interior of the bladder.—*Med. Times and Gaz.*, June 5, 1858.

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Tumours at the Seat of the Insertion of the Sartorius Muscle.—The insertion of the sartorius muscle takes place by an aponeurotic expansion into the inner tuberosity of the tibia. This muscle is the longest in the body, and as its use, besides being an abductor and an elevator, is to cross the legs over each other, as tailors sit with them, it accounts for the name. Underneath the expansion of the tendon of insertion of this muscle most pressure exists when the legs are placed in the position just referred to, and will account for the presence of a bursa in this situation. An example of the kind was submitted to treatment by Mr. Fergusson, at King's College Hospital, on the 29th of May, in an elderly man. The tumour in this peculiar situation was the size of a small, flattened orange; but as it would have been a matter of some difficulty and danger to dissect it out in this situation—danger from the risk of inflammation—a seton was passed through it, and a puncture let out all the serum it contained, which was sanguinolent. Its cure is a question of time; but the man is at present going on well.

At Guy's Hospital, on the 1st of June, Mr. Cock removed a tumour the size of a walnut, situated over the insertion of the sartorius muscle of an elderly woman, who had had the growth for fourteen years, commencing at first in the shape of a small kernel. She had recently struck the tumour by accident, which caused violent inflammation not only in it, but in the surrounding skin. This having subsided, permitted of removal. A section of the growth showed it to be fibrous in structure, but infiltrated with blood, which might have led to degeneration of a malignant character. The result of the operation is at present satisfactory.—*Lancet*, June 19.

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Chlorate of Potash Lotion in Cancerous Ulcers.—At the Royal Free Hospital, Mr. Weeden Cooke is in the habit of employing a lotion to heal up various kinds of ulcers which is worthy of attention. It consists of half an ounce of the chlorate of potash, forty minims of hydrochloric acid, two drachms of the sedative liquor of opium, and a pint of water (twenty ounces). This has been lately used in a very severe case of ulcerated cancer of the lower lip, left side of the face, and left half of the upper lip, in a man aged forty-six, the subject of it these last five years, who had formerly undergone an operation with but temporary benefit, although the disease in him is not hereditary, and who was admitted with this cancer in a horribly foul, swollen condition. When we saw the patient on the last occasion June 1st), we observed that his general health had much improved by a course of internal medicine of bark and hydrochloric acid, and the lotion had converted a malignant sore into a healthy granulating ulcer, of a clean pink colour, with a disposition to heal up at the margins. The tendency to bleed, which was always present before, had now completely ceased; and we hope that a large portion of this ulcer may eventually cicatrize under the plan of treatment employed.—*Lancet*, June 19.

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Recoveries from Acute Tetanus.— We publish this week some particulars of the

case of recovery from tetanus which has recently occurred under Dr. Wilk's care in Guy's Hospital, and to which we referred a few weeks ago. It will be observed that, although one of the vaunted remedies had been employed, yet those who watched the case do not incline to give it the credit of the result. This caution is wise, and it would have been well had it been more often exercised by recorders of the results of trials of potent drugs. Recoveries from tetanus are very rare—a man sees but one or two in a lifetime, and he is naturally very likely to be led to believe that the powerful narcotic which in all probability had been pushed, in that instance, really exercised most important influence on the result. It is the business of the journalist to endeavour to enlarge the limits of individual experience, and we have just now an interesting example of our remarks at hand. Cases (single ones) of recovery from tetanus are at present under care in three of our London hospitals. In that in Guy's Indian hemp was the remedy. Mr. Simon, in his case in St. Thomas's pushed nicotine to the full extent; whilst in the one treated in the London ether inhalation, stimulants and opium were, we believe, the successful drugs. To these we might add a fourth, which about a year ago recovered under the care of Mr. Smith in the Leeds Infirmary, after having swallowed pints of laudanum, and a fifth which occurred rather longer ago, in the Sheffield Infirmary, when chloroform inhalation was at any rate the *ante hoc* of the happy result. All these were, of course, instances of traumatic tetanus, and approached pretty closely to its acute form. Cures of chronic and of the so-called idiopathic tetanus are not so rare. It is evident that it would be a mistake to attribute to any one of the remedies employed in the above cases special potency against tetanic disease.

Whilst on this subject, we cannot but advert with regret, as we have also done several times heretofore, to the small amount of attention which is paid to securing the absolute quiet of tetanic patients in our hospital wards. Surely a dark room, free from noise and from visitors, and without draughts, is a measure which, whatever the drug to be used, ought never to be neglected. But too often we are compelled to say the plan pursued is the reverse of all this.—*Med. Times and Gaz.*, July 3, 1858.

Recent Prevalence of Tetanus Cases.—To judge from our own impressions in visiting the different London Hospitals, we should suppose that tetanus has been most unusually frequent during the last few months. Seven fatal cases and one recovery have, we believe, happened in the London Hospital, within only a very recent period. At Guy's, at St. Thomas's, at St. Bartholomew's several cases have also occurred. At St. Mark's (for diseases of the rectum), there have been four fatal cases, in which the disease followed the ordinary operation of tying piles. An interesting case (traumatic) is still under Mr. Simon's care in St. Thomas's, in which recovery has ensued. Of this we hope before long to bring the details before the notice of our readers. Nicotine was, we are informed, the principal remedy used. A third case, in which recovery has taken place, is under care in Guy's.—*Med. Times and Gaz.*, June 19, 1858.

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Abscess in the Brain from Obliteration of the Carotid Trunk by the Pressure of a Nasal Polypus.—A pale, emaciated man, rather past middle age, was admitted, under Mr. Simon's care, into St. Thomas's on account of profuse bleeding from the nose. He was partially deaf. The left eye squinted inwards, and the right was totally blind, and had been so for some weeks. It appeared that so long as thirty years ago he had been under surgical treatment on account of a polypus in the nostril. Many attempts had from time to time been made to extract the growth, but had never been wholly successful. He was much reduced by loss of blood at the time of his admission, and a few days afterwards had an epileptiform seizure, which left him with incomplete hemiplegia of the left side. Ten days later another fit occurred, and death, in coma, followed thirteen hours afterwards. At the autopsy a very interesting and most unusual condition of things was found. In the right cerebral hemisphere were three distinct abscesses, and the brain substance generally was much softer than that of the opposite side. The cause of these was found in the entire obliteration of the internal carotid artery by the compression and irritation of a large nasal polypus, which had grown upwards and caused extensive absorption of the body of the sphenoid bone. It was impossible to trace the carotid artery through the ca-

vernous sinus, its coats being inseparably blended with the dura mater and old inflammatory material. The sphenoidal sinus was occupied by a mucous polypus. There was not the least reason to consider the polypus of malignant nature, it being evidently of the ordinary fibrous kind. There were no secondary growths in any part of the body.—*Med. Times and Gaz.*, June 19, 1858.

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Differential Diagnosis of Ovarian Dropsy and Ascites.—No fewer than four cases have recently come under our notice in which patients suffering from ovarian dropsy had been subjected to prolonged diuretic and mercurial medication, in the belief that the disease was hepatic ascites. In one case, a short time ago, in a large metropolitan hospital, the reverse mistake was made, and the peritoneal cavity injected with iodine, in the hope of obliterating an ovarian cyst, which, as the autopsy a few days afterwards proved, did not exist. Rumour states that one or two other accidents of the same kind have occurred since the iodine-injection plan came into vogue, but we are not in a position to substantiate them. Facts like these prove that the differential diagnosis between these two affections is either not so generally understood as it ought to be, or else that it is a matter of extreme difficulty. Now, there is one sign which hitherto we have never found to fail, but which is, we believe, as compared with its value, but little known. In more than one work on the diseases of women we find no mention of this symptom, although in extreme cases it is the only one which is available. The sign referred to is percussion of the lumbo-lateral region. If in a case of ascites in which the distension is so great that the hydrostatic line of level in front is not changed by posture—and it must be remembered that only in ovarian cases in which the cyst is so large as to simulate this extreme condition ought any difficulty to occur—if, in such a case, the patient be made to sit up in bed, and the loins be percussed, it will be found that the note is the same (usually dull) on both sides. If an ovarian case, no matter how great the distension, be treated in the same way, one loin will be found to be clear, and the other quite dull. The explanation is obvious; in ascites the air-containing coils of gut float as far forwards as their mesenteric attachment will permit, while in the case of an ovarian cyst, they are pushed over to the healthy side. It is not easy to conceive any condition of things, excepting entire exclusion of air from the whole tract of intestines, which could diminish the trustworthiness of this symptom. It indicates also, with unfailing accuracy, on which side the ovarian cyst, if it exist, has originated.—*Med. Times and Gaz.*, June 5, 1858.

MEMOIR.

On the Use of Metallic Sutures and Metallic Ligatures in Surgical Wounds and Operations.—By J. Y. Simpson, M. D., Professor of Medicine and Midwifery in the University of Edinburgh, &c.

Part I. Metallic and other Threads in Surgery; their History.—The attention of the profession, particularly in America, has of late been strongly called to the value of metallic sutures, instead of organic sutures of silk, flax, etc., in stitching wounds. Taking, in the mean time, as granted, the advantages claimed for metallic sutures, on the score of being less irritating *material* than threads composed of animal or vegetable substance, I herewith venture on the same grounds to suggest, that the use of metallic ligatures to secure and tie the blood-vessels laid open in the sides and depths of wounds made in the course of surgical operations and injuries, is a matter of as great, if not greater, moment than the use of metallic sutures to close the outer lips of such wounds. In order, however, to explain the advantages which will, as it appears to me, probably be derived from metallic ligatures in surgery, it is necessary to consider, in the first instance, the advantages obtained by the employment of metallic sutures. And in doing so, I shall take leave to premise a few remarks on the materials out of which surgical threads have hitherto been generally made; and on the past history of metallic threads and sutures in surgery.

Modern and Ancient Suture-threads; their Material.—Among modern surgeons silk is the material most generally employed for forming the threads which they use, both to stitch together the lips of wounds, and as ligatures for the deligation of the mouths of the bloodvessels cut across by the course of the knife. Some surgeons,

however, prefer for these two purposes threads made of flax or hemp. Various other materials from the animal and vegetable kingdoms have been at various times suggested and tried as surgical threads and ligatures, such as silkworm-gut; catgut; wool; inkle; hairs; strips of leather, of parchment, and of buckskin; strings of tendon and of nervea; lines of isinglass; caoutchouc; cotton, &c.

In olden surgery threads of flax, hemp, and latterly of silk, seem to have been most commonly employed for sutures.[1] Some forms, however, of surgical threads that are supposed to have been first proposed in modern times were not unknown in ancient times. For instance, there has been some discussion as to who first proposed surgical threads made of animal materials. Catgut was publicly suggested as a proper substance for sutures and ligatures in 1813 by the learned Dr. Thomas Young;[2] and it has been doubted and questioned whether the proposal to use animal ligatures was or was not made earlier in America by Dr. Physick of Philadelphia.[3] But in all probability catgut, the form of animal thread or ligature that has been most frequently tried in modern practice, was employed in surgical sutures eight or nine hundred years ago. The celebrated Arabic writer Rhazes, who practised at Bagdad about A. D. 900, speaks[4] of stitching up wounds of the abdomen with a thread made of the string of the lute or harp ("*corda liutti vel cithare*").[5] And another Arabian author, Albucasis, who lived a century or two later, alludes in the same class of wounds to stitching a wounded bowel with a fine thread made of the twisted intestine of an animal, "*filo subtili, quod abstersum est ex intestino animalis annexo.*"[6]

Uses of Metallic Threads in Olden Surgery.—Metallic threads have been used for various purposes in surgery from the earliest historical periods;[7] but not as sutures for wounds, or ligatures for vessels. They have been employed, for example, in surgical practice for the following objects:—

1. In adjusting fractures of the lower jaw, Hippocrates, among other more important directions, advises that, after the broken ends of the bone are placed in apposition, the teeth on either side of the wound

[1] Few or none of the ancient medical authors speak explicitly as to the material of which their surgical threads were composed. In one passage Galen incidentally allndes to suture threads being made of lint or wool. (Kuhn's Galen, vol. xviii. B. p. 752; or De Med. Off. II. 10.) Paulus Ægineta mentions threads of wool for stitching wounds of the abdomen. (Dr. Adams' Translation, vol. ii. p. 260.) Fabricius Hildanus recommends the vessels in amputation to be tied, when deligation is used, with a hempen thread, "filo cannabino;" and he further speaks of sewing the edges of the wound together with silk, "filo æquali ac levi quale est sericum." (Opera, pp. 814, 815.) Severinus advises his followers to use for wounds a slender suture thread of cleaned cotton, "funiculum teneum e gossypio mundo." (De Efficaci Chirurgiae, cap. cxxii.) Fallopius in his treatise on wounds makes the following observations on the best threads for suture: "Filum autem sit robustum, sed non nimis crassum nec durum. Tertio sit æquale, ita ut præter æqualitatem non habeat nodos interpositos, nec sit putrescibile, quare fila ex gossypio, vel lana non sunt opportuna. Galenus autem (lib 3, Meth. Cap. ult.) affectebat filum molle ac satis durum, unde discebat ipse filum Caetanum optimum esse; vel loco ejus utebatur sericino; quare filum lineum sit vel sericinum linum autem Brixiense optimum esse, et nunquam marcescit, ipso ergo utendum est vel sericina materia, quæ itidem optima est. Filum præterea sit album, vel crenesinum tantum, nigrum enim vel alio colore infectum malum est." (Opera, tom. ii. p. 177.)

[2] See Dr. Young's Introduction to Medical Literature, 1813. "I have often (says Dr. Young) wished to try ligatures of catgut which might be absorbed," p. 448. In the Edinburgh Medical and Surgical Journal for 1818, vol. xv. p. 155, Dr. Young states that he proposed catgut ligatures to several surgical friends "ten years before," or in 1808.

[3] Reese and Jamieson's American edition of Cooper's "Surgical Dictionary," article, "Ligature." "To our distinguished countryman, Professor Physick, of the University of Pennsylvania, is undoubtedly due the honour of having first introduced in 1814, what is known as the animal ligature into surgical practice. His ligatures are made of chamois leather."

[4] Continens Rasis, lib. xxviii. p. 344, of Venice edition of 1509.

[5] At least the strings of the ancient Egyptian, and hence probably of the Arabic harp, were made of catgut. "The strings of Egyptian harps were," says Sir P. Gardner Wilkinson, "of catgut, as of the lyres still used in Nubia." (Popular Account of the Ancient Egyptians, vol. i. pp. 111 and 118, etc.) "Wire strings (he elsewhere observes) were not used by the Egyptians in any of their (musical) instruments, catgut being alone employed."—Ib. p. 125. The strings or cords of the old Greek harp were, in the time of Homer, formed, as we learn, from one of his similes in the Odyssey of the twisted intestine of the sheep, ἰώστρῃς ἥντερον οἷς, Book xxi. xl. 408. The word "cord," as applied to the strings of the harp, etc., is itself, in fact, sufficiently indicative of the material of the strings, as originally the term χορδὴ simply signifies intestine.

[6] Methodus Medendi, lib. ii. c. 85.

[7] It is perhaps not undeserving of remark that gold and silver seem to have been drawn into wires, and in this form used for embroidery, &c., from a very early era. Gold wires and their mode of manufacture, are referred to in Exodus (chap. xxxix. 3). "Silver wire was," according to Sir Gardiner Wilkinson, "known in Egypt about 3300 years ago, being found at Thebes of the third Thotmes. It was used nearly as early as gold wire, which we find attached to rings bearing the name of Osirtasen the First, who lived more than 600 years earlier." (Wilkinson's Ancient Egyptians, vol. ii. p. 82.)

should, if they be disturbed and loosened, be tied together, two or more of them, with a gold thread.[1] Paulus Ægineta,[2] and after him various Arabic authors, recommends a thread of gold to be applied in the same manner for the same injury; and Wallner[3] has in modern times, for the same purpose, bound a silver thread around the front teeth in central fractures of the lower maxilla.

2. In attempting the radical cure of inguinal hernia, some surgeons of the middle ages, as Bernard Memis,[4] Franco,[5] Fallopius,[6] Ambrose Parè,[7] etc., applied what they termed the "golden stitch," the "golden tie," (or "*punctum aureum*,") to the neck of the hernial sac, surrounding and constricting it, with the exclusion of the spermatic vessels and cord, by a golden thread, after it was cut down upon, and the bowels returned out of it into the abdominal cavity. This golden thread was left permanently *in situ* around the neck of the sac, sometimes with, as described by Fallopius, a slim defensive gold ring or crescent around the cord (*circulum seu semicirculum ex auro non valde crassum*), and the cutaneous textures healed over all. Besides applying a permanent gold thread or wire for the cure of hernia, Parè speaks of occasionally using, for the same purpose, a temporary wire or thread of lead.

3. One mode of treatment long pursued in the management of fistula in ano consisted in passing a flaxen thread or ligature through the fistula and bowel, and gradually cutting through the intervening tissues, by the constriction and pressure of the ligature. This operation is described at length in one of the essays usually included among the Hippocratic writings.[8] Foubert, a French practitioner of the last century, substituted a metallic or leaden thread for the flax thread formerly employed in this operation.[9] The practice of dividing the structures placed between the bowel and the tract of the fistula with a ligature of lead was, with various modifications, subsequently adopted by Bosquet, Desault, Sabatier, and other continental surgeons.

4. From an early period in surgery polypi have been removed by cords or ligatures applied and tightened around their pedicles.[10] In the sixteenth century, Gabriel Fallopius recommended a thread or wire of brass, steel, or iron, like that used in harpsichords (*filum aeneum, vel chalybeatum satis crassum, vel ferreum, ex quo arpicorda constituuntur*), introduced through a silver canula, as the best ligature for the purpose of strangling the base of nasal polypi;[11] and a century ago, Levret[12] called the attention of the profession to the advantages of removing uterine and other polypi by the constriction of a silver wire, introduced through a double silver canula. Both of these forms of metallic ligature have been adopted by various followers.

Use of Metallic Pins for Sutures.—In the preceding instances the metallic wires or threads were not used as suture threads, to unite the edges and walls of wounds in the soft parts. And when first metals were used for this last purpose, they were employed in the form of fixed bodies, and not as flexible threads. For when the ancient surgeons kept the lips of some of their

[1] Adams' edition of the works of Hippocrates, p. 594.

[2] Adams' edition of the works of Paulus Ægineta, vol. ii. p. 445.

[3] South's edition of Chelius' Surgery, vol. i. p. 529.

[4] See Guy de Chauliac's Chirurgia Magna, tr. iii. d. 3, cap. 7.

[5] Traité des Hernies, pp. 59, 60.

[6] Opera Omnia, tom. ii. p. 313.

[7] English edition of Parè's works, p. 309. Parè's account is accompanied with sketches of three instruments required for performing the "punctum aureum." He figures—1, a crooked needle, like the modern aneurism-needle, "with the golden wyre put through the eye" of it; 2, mullets or pincers to remove the superfluous ends of the wire; and 3, mullets or pincers to twist the ends of the wire together. These instruments very precisely resemble some of those proposed to be used in applying metallic sutures in modern times.

[8] Adams' edition of Hippocrates' works, p. 817.

[9] See Leblanc's Précis d'Operations, vol. i. p. 97.

[10] Some ancient authors recommend the ligature to be pulled alternately at either extremity, or used with a sawing motion, like that used in working the ecraseur of M. Chassaignac in the removal of polypi and other parts. Rhazes indeed advises the ligature thrown around the base of the polypus to have knots placed upon it at short distances that the surgeon may thus exert with it a greater sawing power. (Divisio morborum, cap. xlii. p. f. 62.) Other Arabian authors, as Albucasis and Avicenna describe the same operation of sawing through the stalks of polypi with knotted threads. Mesne recommends for the purpose a ligature made of several horse-hairs tied together with knots. (Adams' Paulus Ægineta, vol. ii. p. 291.) In the thirteenth century, the Italian Surgeon, Bruno, the reputed friend of Petrarch, orders these sawing knots to be placed upon the ligatures at about the distance of a finger breadth from each other; and whenever the root of a nasal polypus is very deep he recommends the extremities of the knotted ligature to be pulled alternately till the polypus is detached. (Chirurgia Magna et Parva, lib. ii. c. 12.)

[11] Opera omnia, tom. ii. p. 298, where a figure of the canula and loop of thread is given.

[12] Sur la Cure Radicale de Plusieurs Polypes, p. 482.

wounds united for the requisite time by the metallic pins of their surgical fibulæ, and when, in later times, the metallic needle of steel, bronze, silver, or gold was left in for a few days for the same purpose, in the well-known form of the twisted suture in hare-lip, etc., the material of the suture was so far essentially metallic.

Uses of Metallic Threads for Sutures.—The idea itself of employing metallic threads for surgical sutures is not entirely modern, however much the practice may be deemed so. In his learned dissertation on the "Acia" of Celsus, John Rhodius alludes to many different forms of thread, as the *filum "lineum, laneum, sericum, xylinum, aureum, argenteum, ferreum, plumbeum."*[1] After speaking of the employment of gold and iron threads in the industrial arts, he alludes to the question of these two metallic threads being capable of use in surgical sutures; and evidently without ever having tried them, he condemns them as unfit for such a purpose. *"Alterutrum certè subtile admodum continendis vulnerum oris sine evidenti doloris molestia vix conferre potuit."*—P. 192.

During last century, however, metallic sutures appear to have been used, in some isolated examples, by one or two surgeons. Thus, Purmann, "Chief Chirurgeon to the City of Breslau, in Germany," as he is styled on the title page of the English edition of his "Chirurgia Curiosa," used, with alleged great advantage, metallic sutures in wounds of the tongue. The metallic sutures which he employed consisted of what has been specially recommended in modern times, viz., silver threads or silver wire.[2] Needles of gold and silver were long preferred by most surgeons in applying the twisted suture for the cure of hare-lip. In his *Elements of Surgery*, published in 1746, Mr. Mihles speaks of employing silver and gold threads in the operation for harelip instead of pins, and figures a needle fitted to draw these metallic threads through the sides of the cleft lip.[3]

The first surgeon in our own times who appears to have actually used metallic threads in practice, was the late Professor Dieffenbach of Berlin. In a paper on Staphyloraphy published in 1826, he has detailed several instances of that operation, in which he used leaden thread to unite and keep united the sides of the divided palate. He preferred for this purpose threads of lead to threads of silk, as he found the ends of the leaden thread could be made by mere twisting of their elongated extremities, to bring into contact the raw sides of the wound more easily than could be effected by attempting to tie and knot the ends of silk threads, by introducing the fingers so deeply within the cavity of the mouth.[4] "The difficulty," says Professor Ferguson,[5] "of keeping the first noose steady has often been alluded to; the lead ligatures, by being twisted together, obviate this difficulty." The metallic suture in staphyloraphy has been alluded to by many later surgical writers (and modified by some), as, for example, by Mr. Liston in 1831,[6] Velpeau,[7] Pancoast,[8] etc.

Metallic sutures have been adopted in

[1] De Acia dissertatio, ad C. Celsi mentem, etc. Copenhagen edition of 1672, p. 194.

[2] See his Surgery, Part I. chap. 6: referred to by Heister in his System of Surgery. London edition of 1757, p. 92. "Purman affirms (observes Heister) that he made use of *silver* threads in sutures upon this part of the tongue to great advantage."—P. 92.

[3] Elements of Surgery, p. 277.

[4] In the *Lancet* for 1826, vol. xi. p. 405, in a detailed account of Professor Dieffenbach's operation for Staphyloraphy, it is stated that—"The principal difference in Dieffenbach's mode of procedure from those recommended by Graefe, Roux, Souchet, Jousselin, and Alcock, consists in the substitution of a finely-drawn *lead wire* for the ordinary ligatures. It is necessary that the lead should be as pure as possible; the wire needs only be a little larger than a stout pin; and if used when recently drawn, it will be found just as yielding as a waxed thread. The needles having been unscrewed or cut off, the extremities of the ligature are then twisted once or twice slightly round and put on one side of the mouth until the other ligatures are introduced. It is then recommended to commence to close the edges of the velum, by twisting with a forceps the ends of the anterior ligature carefully around each other until the edges of the wound are brought into contact. The twisted wires are to be cut off within about a quarter of an inch of the palate, and turned forward upon the roof of the mouth. The second ligature is to be managed in the same manner, and so the third, or as many as there may be. Should the inflammation be so violent as to cause great tumefaction of the parts, the ligatures may be untwisted to the necessary extent to relieve the tension, without altogether setting the edges free, and the wire may be again twisted, tighter when the inflammation subsides. To remove these ligatures it is only necessary to cut the wire on either side above the twisted part when the whole ligature may be easily brought away by a little lateral motion.

[5] Observations on Cleft Palate, and on Staphyloraphy in the Medico-Chirurgical Transactions, vol. xxviii. p. 295.

[6] Elements of Surgery, Part II. p. 193: "A ligature either of thread or of pewter wire can thus be conveyed at once; if the latter is employed, it is secured by twisting, and the ends cut off by pliers."

[7] Medicine Operatoire, 1832, tom. ii. pp. 96, 97.

[8] Treatise on Operative Surgery, 1844, p. 261.

other plastic operations besides that of staphyloraphy. Gosset stitched together the sides of a vesico-vaginal fistula with gold wire, the gold threads being left in for twenty-one days.[1] In his *Practical Essays on Plastic Surgery*, Mr. Spencer Wells observes: "The *lead* suture is sometimes useful in deep operations. A piece of soft lead wire is armed at both ends with a short needle. These are passed, by means of forceps on a needle-holder, from within outwards, and the needles removed. The ends of the lead wire are twisted together until the wound is brought into apposition. They are then cut off. This is the easiest suture to apply in cases of vesico-vaginal fistula when deep-seated. The only objection to its use is the necessity for protecting surrounding parts from irritation caused by the ends of the wire."[2]

The use of metallic threads has been extended by some European surgeons to the stitching of common surgical wounds. In the *British and Foreign Medical Review* for April, 1846, p. 286, it is stated that platinum wire as a suture-thread has thus been "successfully employed at Guy's Hospital by Mr. Morgan." One of Mr. Morgan's colleagues at that Hospital, the late Mr. Bransby Cooper, in his *Lectures on Surgery*, published in 1851, when speaking of the treatment of common surgical wounds by the interrupted suture, observe that this, "the interrupted suture, is the one most frequently used by surgeons, and silk is the ligature generally used; but platinum wire is preferred by some surgeons. As, however, it is rarely necessary or right to leave the sutures longer in the wound than forty-eight hours, I think (Mr. Cooper adds) it signifies little whether platinum wire or silk be employed."[3] Again, Mr. Guthrie, when describing the treatment of wounds left by amputation, directs that "the common integuments of the stump should be drawn together in primary amputations by sutures formed of flexible leaden wire; by threads of silk, if leaden wire are not obtainable."[4]

[1] See Dieffenbach's Operative Chirurgie (1845), vol. i. p. 577.
[2] Medical Times and Gaz. for 1854, vol. ii. p. 109.
[3] Lectures on the Principles and Practice of Surgery, p. 54.
[4] See Mr. Guthrie's Lectures on the more important points of Surgery in the Lancet for June 12, 1852, p. 555; and his Commentaries on the Surgery of the War in Portugal, etc., 5th edition, 1853, p. 72.

But in America the subject of metallic ligatures has met with more attention than in Europe. In 1832, Dr. J. P. Mettauer, of Virginia, employed them with perfect success in operating in a very aggravated case of laceration of the perineum and rectum, produced, the year previously, by a tedious labour. The laceration extended as high as three inches upwards, along the anterior wall of the rectum. After sufficiently removing and denuding the hardened edges of the lacerated cleft, and the parts exterior to them, Dr. Mettauer stitched carefully together the abraded surfaces with ligatures of lead wire.[5] "As the ligatures were applied they were tightened, so as to bring the abraded surfaces in contact; and then their ends were twisted together, and cut off of convenient length. About twelve ligatures were required to close the wound. From time to time the ligatures were tightened by twisting them, and the vaginal margins of the laceration cauterized with nitrate of silver to favour the formation of granulations, which it was judged would greatly strengthen the union in this part" (p. 114). The bowels were constipated for four days. The leaden suture threads were not removed till six weeks, "the parts having united perfectly." In concluding his account, Dr. Mettauer observes, "leaden ligatures were preferred in the management of the foregoing case, as experience had proven them, not only less irritating and liable to cut out when tightly drawn than any other material with which I am acquainted, but infinitely more convenient and effective in maintaining a uniform and perfect apposition by the ready facility of simply twisting them, and a proof that the leaden ligature may act forcibly for a long time without cutting out. When they were removed in the present instance, it could not be perceived that any material encroachment had been made upon the margins of the cleft" (p. 115).

Four years after recording his first case in the *American Journal of Medical Sciences*, Dr. Mettauer reported six additional instances in which he had operated for extensive lacerations of the perineum. "In all of those cases," he states, "the recto-

[5] A case of unnatited Parturient Laceration of the Recto-Vaginal Septum, successfully treated with Metallic Ligatures. By John P. Mettauer, M. D., of Prince Edward County, Virginia; in the American Journal of Medical Sciences for 1833, vol. xiii. p. 113.

vaginal wall was completely divided, so as to convert the two passages bounded by it into one."[1] Six of the operations were attended with complete success. In the seventh case, the wound partially tore open some weeks subsequently under the distension produced by the passage of "a large indurated mass of feces, causing intense suffering;" and the patient had not yet submitted to a second operation for her cure. In all the cases in which he operated, Dr. Mettauer used the leaden thread as a suture; cutting it out, however, earlier than in his first case, or apparently from eight to twelve days after its insertion; and leaving the extremities of the wire longer than at first, in order that they might be more readily seized and tightened by an additional twist or two, if they offered to become loose during the first few days following the operation.

In concluding this contribution, Dr. Mettauer observes: "My experience leads me to believe that every case of the afflictive accident is completely remediable. I decidedly prefer the metallic suture in the treatment of this infirmity. With it we are enabled to close and confine the denuded margin of the fissure with more ease and certainty than with the silken or thread suture. And should the least gaping of the wound take place, a few twists of the free ends of the wires will enable us to close it up again. The leaden suture, too, does not cut out as soon as silk or thread."[2]

In the same year (1847) in which he published this second essay, on the cure of lacerated perineum with metallic sutures, Dr. Mettauer published an account of some cases of vesico-vaginal fistula which he had treated on similar principles. In his first case the opening in the back wall of the bladder was "fully the size of a Spanish milled dollar, and nearly circular." Its edges were denuded and brought together with eight leaden sutures; and after the extremities of these sutures were twisted and tightened, the opening was perfectly close in every part of it, and the line of contact of the opposing surfaces measured two inches. A short, light, silver catheter was permanently retained in the bladder. On the third day the wires were tightened, and again on the seventh. On the thirteenth day the ligatures were removed, and perfect union was found to have taken place along the whole line of contact. The cure was complete, and the woman bore two children subsequently without any return of the accident. Dr. Mettauer operated in five other cases of vesico-vaginal fistula, but not always with the same success. In his second case the fistulous opening was diminished, but not obliterated, after eight operations. In two of the six cases Dr. Mettauer employed thread sutures, but he did not "find them to answer so well as the metallic." His results, however, on the whole, were so favourable as to induce him to conclude with the strong allegation, "I am decidedly of opinion that *every* case of vesico-vaginal fistula can be cured, and my success justifies the statement."

Dr. Marion Sims, formerly of Montgomery, Alabama, now of New York, published in 1852 an essay on "The Treatment of Vesico-Vaginal Fistula,"[3] describing his mode of operating, and his specialties of management in this class of affections. In this essay Dr. Sims, among other suggestions, recommended the lips of the fistula, after they were refreshed by the surgeon's knife, to be held together by threads of silver wire used as a suture. Latterly a "Woman's Hospital" has been established in New York, principally for the treatment of fistulæ and other injuries resulting from parturition, and Dr. Sims has, as surgeon to that institution, had ample means of proving the valuable and happy results of his treatment. His great and acknowledged success in the cure of urino-vaginal fistulæ, and their allied lesions, he himself attributes principally and essentially to the employment of sutures of slender silver wire instead of sutures of silk, etc. At the last anniversary meeting of the New York Academy of Medicine, Dr. Sims read, and has lately published, a discourse upon the use of "silver sutures,"[4] displaying (to adopt his own words) "all

[1] "I will only," Dr. Mettauer again observes, "remark that the lacerations were extensive, none less than two inches and a-half in length." American Journal of Medical Sciences for April 1847, p. 314.

[2] The American Journal of Medical Sciences for 1847, vol. xiii. p. 320.

[3] American Journal of Medical Sciences for 1852, p. 59; or Braithwaite's Retrospect of Medicine for 1852, vol. xxvi. p. 341; or Ranking's Half-Yearly Abstract of the Medical Sciences for 1852, vol. xv. p. 231.

[4] Silver Sutures in Surgery: the Anniversary Discourse before the New York Academy of Medicine. By J. Marion Sims, M. D. New York. 1858.

the ardour and enthusiasm of a devotee." In this discourse he proposes to extend—and relates, indeed, various cases, showing that he had in his own practice extended—the use of silver sutures from vesico-vaginal fistulæ to all the common wounds and operations of surgery. Speaking of silver wire as a suture he remarks: "From the day its wonderful effects were witnessed in vesico-vaginal fistulæ in 1849, I have never used any other suture in any department of surgery" (p. 32); and "I declare it (he elsewhere observes) as my honest and heartfelt conviction that the use of silver as a suture is the great surgical achievement of the nineteenth century" (p. 8).

Dr. Sims further indulges in the following enthusiastic and prophetic remarks regarding the value of the silver suture and its "universal applicability in general surgery." "It is (he says) to revolutionize surgical dressings, and to insure more beautiful and prompt cures. With it, properly applied, there can be no gaping wounds to heal by the suppurating process, where there is skin enough to cover a stump; and in many cases erysipelatous inflammation, and even hospital gangrene, may be averted by substituting it for silk as a suture. After all amputations we must use sutures of some sort; and how often do we see silk ulcerating out, and creating such tendency to suppuration, that we are compelled to remove them before there is sufficient union to resist the retraction of the tumefied flaps. But with silver there is no inflammation, no suppuration, no cutting out of sutures, no gaping or retraction of flaps, and therefore no necessity for disturbing the dressing till all is firmly united and permanently well. This," Dr. Sims adds, "is no vain imagining; though enthusiastic, I am not wildly so, for all this has been familiar to me for the last eight years, and I but speak what I know. The next eight years will not find an educated physician anywhere who will dare to use silk sutures, for the silver-thread will now become as essential to the dressing case, as the needle itself; and if I may be allowed to venture a prediction, I will say that fifty years hence the statistics of our hospitals will show a vast improvement in their bills of mortality after great operations, and this improvement will be due mainly to the use of silver as a suture. Look at its results in injuries the vagina. Before this discovery, operations for vesico-vaginal fistula, and its congeneric affections, were often attended with risk to life, while a cure was a mere accident. But how is it now? Why, every case is easily and pefectly curable that has tissue enough to render any operation whatever practicable; while a failure is the exception to the rule. Besides, there is not the least risk to life, as there is never any fever, or the slightest constitutional disturbance. I am not claiming too much for this suture when I say, that the same relative results must be attained in all other surgical operations requiring sutures, if the same method be adopted. My language is nowise extravagant; and I shall yet live to see the day, when the whole profession of the civilized world will accord to this simple discovery the high position of being the most important contribution as yet made to the surgery of the present century."—Pp. 44 to 46.

The very earnest and unusual terms in which Dr. Sims thus describes the advantages of silver sutures, indicates at least a profound and intense conviction on his part of their great and unqualified superiority over sutures of silk and common thread. In the next part we shall endeavour to inquire into the truth and value of this opinion regarding metallic, as compared with organic threads.—*Med. Times and Gaz.*, June 5, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Blockley Almshouse.—At a meeting of the managers of this institution, held on the 5th of July, Dr. Robt. K. Smith was elected Chief Resident Physician, in place of Dr. McClintock.

The action of the profession in Philadelphia in regard to the appointment last year of the last-named individual to the position from which he has just been displaced, has been the subject of comment abroad.

The *Archives Générales de Médecine* for June last departs from its habitual reserve in order to notice it. Our readers may be curious to know what is thought of this case in the capital of the medical world, and we therefore translate some of the remarks of the above named journal.

"Certainly," exclaims the editor, "we

should hardly have looked for an example of medical discipline in America with its boundless liberty, its physicians furnished with diplomas which secures them a right to practice without any special responsibility, and above all its *doctresses*. Yet a recent occurrence at Philadelphia has manifested the strength of a free and volnntary association of physicians wholly unsupported by the sanction of law." After presenting a clear and succinct account of the measures adopted by the medical bodies of this city, the editor remarks that the grounds of their action were not in law nor statutory regulation, but entirely in that moral sense which makes public opinion strong; and, he adds "we have placed these facts on record because they do honour to our American brethren, and because they prove that if deliberative bodies wish to inspire respect, they are sufficient in themselves to command it without extraneous aid."

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Prizes of the Massachusetts Medical Society.—The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet accompanying the successful dissertation will be broken and the author's name announced at the annual meeting of the Society in May, 1859.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1859.

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New Orleans School of Medicine.—Dr. Austin Flint has been appointed Professor of Clinical Medicine and Auscultation and Percussion in this school. He will be a most valuable acquisition.

Iowa State University.—The number of matriculants at the session 1857-58, was 75. Number of graduates in 1858, 20.

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New Medical Journals.—We have received four new journals within a very short period. The first is the *Savannah Journal of Medicine*, edited by Drs. Sullivan, Harris, and Arnold. The second, the *Oglethorpe Medical and Surgical Journal*, edited by Drs. Byrd and Steele, also published in Savannah, Geo. The third is the *Maine Medical and Surgical Reporter*, edited by Drs. Richardson and Cummings, published at Portland. The fourth, *Belmont Medical Journal*, edited by Dr. Afflick, and published at Bridgeport, Ohio.

FOREIGN INTELLIGENCE.

Recent Death from Chloroform. — Dr. Foucart furnishes the following particulars of the recent instance of death from chloroform, which took place at the Gros-Caillou Military Hospital. The patient was a grenadier of medium height, 45 years of age, of an apparently good constitution, though having a worn appearance. Having a swelling of the right testis, which was believed to be cancerous, M. Ceccaldi proceeded, on the morning of the 21st of May, to operate upon him, in the presence of several of the medical officers of the hospital. The soldier evinced but little emotion, and having been placed on the table, the inhalation of chloroform was commenced. This was conducted by the aide-major De Poter with great care and circumspection, the only apparatus employed consisting in a compress formed into the shape of a cone, and containing a little charpie, upon which the chloroform was poured. At first, all seemed to be going on well. There was no agitation or disordered muscular action, or indeed anything that indicated aught amiss, and the respiration was perfectly calm. At the end of two minutes some trials were made of the amount of insensibility, and the anæsthesia being found insufficient, the inhalations were continued, the apparatus being held as before to the nostrils of the patient. Suddenly, and without any circumstance having indicated what was about to follow, the patient sat upright, with haggard eyes and pupils frightfully dilated. His

arms were stretched out, and the muscles powerfully contracted, while his countenance expressed the agony of a man who was suffocating, and sought the air. He then fell back on the table, heaved a last sigh and was motionless, being, in fact, quite dead. From two and a half to three minutes had at most elapsed since the commencement of the inhalation, and M. Ceccaldi had only just applied the bistoury to the skin in order to commence the operation. Various means were put into force for the restoration of the patient, such as revulsives, tickling the glottis, præcordial frictions, the application of incandescent coals to the thorax, and artificial respiration, first by pressure of the thorax, and then by mouth to mouth. All was in vain.

At the autopsy the brain was found healthy, and not engorged. Both lungs were highly loaded, and their tissue, and especially that of the right lung, was the seat of numerous miliary tubercles. At the summit of the right lung a vast cavity was also found. The condition of the heart is not mentioned. The right testis was found converted into a tuberculous mass.

Remarking upon this case, M. Foucart observes, that it possesses several points of interest. First, it proves by an additional example the exactness of the law laid down by Louis, of the frequency of the presence of tubercles in the lungs, when another important organ is the seat of a tubercular affection—a law, however, which yet exhibits exceptions, and especially so with regard to tubercle of the testis. Next, the case establishes a positive contraindication of the employment of chloroform in patients suffering from pulmonary tubercles, or in those in whom there is good ground for suspecting their presence. The incomplete manner in which hæmatosis is accomplished in a lung so changed, easily explains the production of asphyxia by the influence of a cause which ordinarily would be insufficient for so rapid a production of it. Lastly, it is of importance to observe, that up to the moment of the accident, which occurred instantaneously, there was not the slightest disturbance of the respiration, this having been always perfectly tranquil. The patient continued to breathe to the last, and his death was not preceded by the slightest syncope. We have no account of the state of his pulse during the inhalation.—*Med. Times and Gaz.*, July 3, 1858, from *Gaz. des Hôpitaux*, No. 69.

Report on the Bréant Prize Concours.—The Committee of the Academy of Sciences of Paris (consisting of MM. Andrsl, Velpeau, Cloquet, Claude Bernard, and Jobert, with M. Serres as reporter) has just delivered in an elaborate report upon the essays forwarded to compete for the Bréant prize.

In instituting a prize of 100,000 francs to be decreed to the discoverer of a sovereign remedy for the cholera, M. Bréant, the reporter observes, had in view appealing to the efforts of physicians and philosophers concerning the most terrible epidemic that ravages the human race. Although unacquainted with medical science, his dominant idea evidently was to induce additional investigation into the causes of epidemics in general, and of cholera in particular. He believed that in the present state of science much remained to be discovered in the composition of the air, and the fluids it contains, as well as concerning the animalculæ which, according to him, are dispersed in infinite numbers throughout the atmosphere, and may prove to be the cause, or one of the causes of this cruel disease.

The Section of Medicine and Surgery has believed it necessary to define the terms of the question with some precision, in the present state of medical science. In medicine, in fact, as in the other natural sciences, we only know facts, which we assemble together, in order to judge of their relations, and to submit them to classification. By this procedure we rise to a still more general class of facts, which we term principles. But these principles are themselves but the formulæ of the facts, they are not causes. It is from having long misunderstood this mental process and the limits of its extent, that our science has become plunged into the labyrinth of the study of the immediate causes of disease, striking out new routes, which seemed to promise an issue, but which always finished by bringing us back to the point whence we started.

The Section of Medicine and Surgery has already pointed out to the Academy that the tendency of the Bréant prize was to lead medicine back to the search for the occult causes of disease—a search that had already impressed a direction so systematically mischievous upon science, until the flame of observation and experience came to enlighten its progress and to circumscribe the space within which it must operate. Nevertheless, keeping rigorously within the limits acces-

sible to observation, physicians have not lost sight of the investigations of Van Helmont and Stahl upon this subject; and in imitation of the latter, and of our own illustrious Lavoisier, they have pursued with great interest physical and chemical investigations on the composition of the air, in order to make application of any discoveries to the recognition and cure of epidemic diseases. While rejecting the ideas of Needham on spontaneous generation, they still pursue studies having for their object the acquisition of a knowledge of the animalculæ and all other organic matters contained in the atmosphere, which can exert any influence on the living economy. It is in this spirit the Section has endeavoured to fulfil the duty imposed upon it by the Academy, fully recognizing that the discoveries sought for with such excellent intentions by the testator, are of an extreme difficulty, and consequently will have to wait for a remote realization. It is, indeed, with this suspicion, that M. Bréant has also conceived the idea of instituting an accessory prize of 5000 francs, being the annual interest of the capital of the larger one, to be decreed as a recompense to the authors of works which have increased our knowledge of the cholera, or of other epidemic diseases. Comprehending both the high mission which has been confided to it, and the wishes of the testator, the Section has demanded that the specific for the cholera, the discovery of which is the object of the concours, shall cure this disease as certainly as cinchona does ague. It also believes that the desire of the testator would be accomplished, if during the search for causes, a prophylaxis for the cholera were discovered, as complete as that of vaccination for variola.

From November 20, 1856, the date of the last report, to May 1, 1858, the Academy has received 153 memoirs or communications. Among this large number many contain only suppositions more or less improbable, sometimes accompanied by insignificant observations, and sometimes demanding almost impossible experiments, which the Section is itself expected to institute. Other works of a more commendable character embrace the history of cholera, expand on its etiology, the fixity of its symptoms, and the constancy of the morbid changes it leaves behind it. But they add nothing to what is already known, and contain no result capable of elucidating the therapeutical management of epidemical diseases. A third class of papers relates to the statistics of cholera; but these documents, interesting probably in the localities to which they refer, bear no relation to the questions at issue. Two memoirs alone show that their authors have properly comprehended the nature of the questions put. One by a Russian physician at Smolensk, proposing to treat cholera by variolous inoculation, and the other by Dr. Ayre on the treatment of cholera by calomel. Both memoirs failed in convincing the committee of the reality of their pretensions.

To keep the future candidates within the limits of the conditions under which the prize will be awarded, the Section repeats that in order to carry off the 100,000 franc prize, it will be necessary to discover a remedy which in the immense majority of cases will cure the Asiatic cholera; or to indicate, in an incontrovertible manner, the causes of the cholera, so that by the suppression of these, the disease may be arrested; or, finally, to discover a prophylaxis as certain and as evident as is vaccination in variola.

In order to obtain the annual prize of 5000 francs, it will be necessary to demonstrate by exact processes the existence of matters in the atmosphere capable of playing a part in the production of propagation of epidemic diseases.

In the case of these conditions not being fulfilled with regard to this latter prize, it will be awarded to him who discovers a means of radically curing "dartres," or who can throw new light on their etiology. —*Med. Times and Gaz.*, July 3, 1858.

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Iodine as a Febrifuge.—M. Barbaste tried the effect of this substance in 3 cases of old intermittent and paludal cachexy, for which quinine had been given in vain. He was quite surprised at the promptitude of the results he obtained from administering 30 drops of tincture of iodine in a bitter infusion in the twenty-four hours, divided into three doses. M. Seguin had, indeed, as far back as 1846, recognized the utility of iodine in obstinate chronic ague, which resisted quinine: while Dr. Manfredonia, of Naples, in 1855, found that very obstinate cases yielded rapidly to the iodide of quinine, in doses of from 1 to 2 drachms per diem. Thus far the iodine has been found only applicable to old, inveterate cases.—*Revue Méd.*

Question of the Cure of Cataract without Operation.—M. Testelin has compiled an elaborate paper investigating the reputed cases of cure of cataract without surgical operation; and he quite agrees in the conclusion come to by a very large majority of ophthalmologists who met at the Brussels congress, viz., that there is not on record any case sufficiently authenticated proving that medical treatment can arrest or cause the retrocession of a spontaneous opacity of the crystalline lens.—*Med. Times and Gaz.*, July 3, 1858, from *Annales d' Oculistique*, t. xxxix.

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Tears containing Sugar from a Case of Diabetes.—Dr. Gibb showed to the Pathological Society (May 18) some tears shed by a young married lady, aged 21, the mother of one child, who has had diabetes for two years since the child was weaned. They contained a large amount of sugar, as contrasted with that in an equal bulk of her urine, which was of the specific gravity of 1043. An evaporated drop of the tears on a piece of glass gave a much thicker and more opaque crust than was yielded by a drop of the urine.—*Med. Times and Gaz.*, July 3, 1858.

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Painless Cauterization.—M. Piedagnel has lately proposed to mix a certain proportion of hydrochlorate of morphia with caustic pastes, so as to lessen, if not to remove altogether, the pain connected with the application of such pastes. To three parts of the compound known as the Vienna powder, M. Piédagnel adds one part of the morphia salt, both in the dry state; and the paste is to be made by adding either chloroform, alcohol, or water. In fifteen minutes a dark eschar is formed. As physician to the Hôtel Dieu the author could use his anæsthetic paste only when ordering issues, &c.; but it has been tried in M. Jobert de Lamballe's ward, upon scrofulous tumours of the neck, and an encephaloid cancer of the foot. The patients stated that they had experienced little or no pain.—*Lancet*, June 19.

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Diphtheria.—Prof. Laycock, in an interesting lecture (*Med. Times and Gaz.*, May 29th) draws an analogy between diphtheria and muguet, and maintains that both these diseases are due to the presence of a parasitic fungus (*Oidium albicans*) on the surfaces of the mouth, fauces, and other mucous structures.

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Epidemic Variola at Berlin.—During the month of March the epidemic increased in virulence. The police had notice of 805 cases, and of these 60 died, Of the 805, 659 had been vaccinated, 105 had not been vaccinated, and 41 unsuccessfully vaccinated. Of the fatal cases 16 had been vaccinated, 39 were unvaccinated, and in 5 the vaccination was uncertain. Thus 7.48 per cent. of all the cases proved fatal. Among the vaccinated the proportion was 2.42 per cent., among the non-vaccinated 37.14 per cent., and of the uncertainly vaccinated 12.19 per cent.—*Med. Times and Gaz.*, June 12, 1858.

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Cholera in France.—The *Journal des Debats* has a short article on the cholera in France. The number of victims to this disease in 1854 is estimated at 150,000 only, but this is considered to be far below the real number of deaths. The deaths in the urban or town districts averaged 57 out of every 10,000 inhabitants, and in the rural districts 34 out of every 10,000. The mortality of the two sexes was pretty nearly equal in the towns, but in the country the number of female deaths exhibited a remarkable excess. The ravages of the disease throughout France were strikingly less in the first two "invasions" than in that of 1854; thus in 1832 the deaths from cholera are reckoned at 102,735 only, and in 1849 at 110,110, while in 1854 they rose to 150,000; but it is shown that the disease gains in extent what it loses in intensity.—*Ibid.*

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University of Edinburgh.—Dr. Lyon Playfair has been elected Professor of Chemistry in this school.

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Prof. Owen.—This gentleman has been elected Fullerian Prof. of Physiology at the Royal Institution.

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Obituary Record.—Died, in London, June 16th, 1858, of apoplexy, John Snow, M.D., well known from his researches on chloroform and other anæsthetics.

—— in Dublin, June 10th, in the 82d year of his age, Sir Philip Crampton, Bart., one of the ablest surgeons which Ireland has ever produced, and one of the most eminent surgeons of his day.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Constipation of Three Months completely removed.—A boy aged eleven years, from Essex, was admitted into the Royal Free Hospital, on the 12th of April, 1858, for obstinate constipation, which had existed for three months, without a single motion. His abdomen was enormously swollen, quite solid almost throughout, from the packing of the bowels, and measured forty-three inches in circumference. There were many symptoms present, solely due to the interference in the natural circulation through such an important channel as the alimentary canal. Dr. Brinton prescribed an enema, which could not be introduced, as the rectum to the verge of the anus itself was absolutely packed with matter. This was got rid of by means of scraping it away, and when this part of the bowel was pretty well cleared, the size of the abdomen was reduced to thirty-nine inches and a half, when enemata began to act. The most useful and efficacious enema now was croton oil, castor oil, turpentine, and gruel. This was given every few days, until the alimentary canal was perfectly cleared, removing an enormous quantity of scybalæ and hard feces; and the abdomen measured on the 19th of July, the day of his discharge, but twenty-eight inches, its natural size.

This boy had had other enemata previous to that containing croton oil, and although they acted slightly when once the rectum was emptied, still the croton oil appeared to be the most efficacious. He was taking inwardly at the same time, at first colocynth and aloes, and latterly compound rhubarb pill every night, the bowels being relieved daily for the last month.

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

Constipation was an habitual thing with him, from a general torpidity of his alimentary canal, and he did not seem to have any hepatic sluggishness. He took but a small quantity of medicine by the mouth until latterly, and the case illustrates very well the value of proper enemata, judiciously administered. When the boy first came into the hospital, and lay on his bed, the prominence of the abdomen was so great that he could not see his feet. He passed a great deal of urine during his constipation, and his appetite was excellent. When he left the hospital, the abdomen was supported with buckle bands. We may remark, that when first admitted he was galvanized over the abdomen, but that proved of no service of itself till the enemata began to act.—*Lancet*, *July* 31, 1858.

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Belladonna in Juvenile Incontinence of Urine.—The use of belladonna against incontinence of urine in children, as strongly recommended about a year ago by Mr. Brooke, of the Westminster Hospital, has, we believe, well borne the test of the trials which his laudation of it induced. Several surgeons have, we know, formed most favourable opinions of its efficiency. A case under Mr. Hutchinson's care, at the Metropolitan Free Hospital about three months ago, afforded very conclusive evidence of its power. The patient was a boy of ten who had from infancy been exceedingly troubled by inability to retain his water. Nightly incontinence was a matter of rule, and very often the urine would escape during the daytime also. Nux vomica, sesquichloride of iron, etc., had been fairly tried, and without benefit. At first the belladonna seemed to do no good, but being pushed until symptoms of poisoning were apparent, it finally effected a complete cure. The bladder appeared to have wholly lost its morbid irritability, and during six weeks that the boy remained under observation, his mother stated that no single instance of incontinence had occurred. The remedy was given in solution in water, and without any adjuvant whatever. Belladonna is one of our remedies which certainly deserves a more thorough clinical investigation of its powers than it has yet received.—*Med. Times and Gaz.*, July 31, 1855.

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Wound of Cornea, Sclerotic, and Iris, from an Iron Screw weighing twelve grains, which was subsequently extracted.—The ophthalmic wards of St. Mary's Hospital have lately presented the following cases of considerable interest:—

A deaf and dumb lad, aged eighteen, was admitted on the 13th of April, 1858. Three weeks previously, whilst working a screw cutting-machine in a manufactory at Derby, a fragment of iron struck his eye with great force, and inflicting a large wound, instantly blinded it. The same evening he was seen by Mr. Baker, of Derby, who took charge of the case, and treated it with much skill for three weeks, at the expiration of which time he was sent to St. Mary's Hospital. On his arrival, the eyeball was found considerably diminished in size, and presenting a large wound, involving the cornea and sclerotic. The iris was implicated in the wound, and there was no trace of pupil. The lad was in a wretched state of debility, mainly from poverty, and the treatment adopted was simple cold dressings with belladonna to the eye, good diet, and steel with quinine internally. Under this treatment, the eye progressed favourably, the pain and inflammation subsided, and cicatrization proceeded satisfactorily.

On Saturday, May 8th, Mr. White Cooper observed that a dark-brown point had made its appearance in the wound, and expressed his opinion that it was metallic, which a touch with a probe proved to be the case. He tried to remove it with forceps, but finding that it was firmly impacted in the eye, he ordered the patient to the operating-theatre, and proceeded to extract it under chloroform. Having made an incision through the cornea and iris in their whole breadth, he seized the foreign body, and with some difficulty withdrew it. It proved to be a piece of iron screw, four lines in length by three in breadth, and weighing twelve grains. Its edges were extremely jagged and sharp, and the surface irregular. Notwithstanding the violence inflicted on the eye by the withdrawal of this mass, scarcely any irritation followed, and on the following Tuesday the lad was able to leave his bed, and walk about the ward.

It is evident that at the time of the accident the fragment of iron cut through the cornea and iris, and buried itself out of sight. It is most remarkable that such a mass of a form so calculated to excite irritation, should have caused so little, that

even pain, the most common and most annoying of all symptoms attending the presence of foreign bodies in the eyeball, should have subsided, and the wound cicatrized; that it would subsequently have made its presence known there is no doubt, and sympathetic inflammation and destruction of the other eye would have been the probable consequence.—*Lancet*, July 17, 1858.

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Blow on the Eye from a Nail; Intense Inflammation, with Sloughing and complete Collapse of the Eyeball —In contrast to the foregoing stands the following case:—

An Irishman, aged thirty-seven, was admitted into St. Mary's Hospital, March 22d, under Mr. Coulson. Two days previously, whilst shaking carpets, he was struck on the left eye by a nail thrown up from the carpet. It is doubtful whether the eye was penetrated or not; but the same evening it became painful, swelled rapidly, and on the 22d, when he was admitted, the whole globe was enlarged and acutely inflamed. Eight leeches were immediately applied, five grains of calomel administered, and saline mixture ordered thrice daily.

March 23. Eye worse; lids purple and enormously swollen, and the eyeball projecting from between them. To have four grains of calomel immediately, to be followed by senna mixture; six leeches to be applied to the temple.

On the 24th, this patient was transferred to Mr. White Cooper. The lids at this time were livid and greatly tumefied; between them, and firmly grasped by them, a dark-brown mass projected, from which a little thin pus oozed. With some difficulty the limits of the cornea were discerned in the centre of this mass, which was, in fact, the anterior hemisphere of the eye in a state of slough; the skin was cold and clammy; pulse 60 and low. He complained of intense pain in the eye and head. Poultices, with frequent fomentations, were ordered for the eye; forty drops of laudanum in camphor mixture immediately, to be followed by twelve drops every four hours; strong beef-tea every two hours.

25*th*. The eye discharging pus freely from an aperture in the cornea; appearances much the same. Ordered, two grains of quinine thrice daily.

30*th*. The slough, including the whole cornea, and a considerable portion of the sclerotic, separating kindly; all pain has ceased. To have wine and a mutton-chop; the quinine to be continued.

The result of this case was complete disappearance of the eye; the appearance is much the same as if extirpation had been performed, and frænæ have, to a certain extent, bound down the lids.

When we contrast the formidable train of symptoms which followed the slight injury in this case with the moderate inflammation set up by the fragment of iron buried in the eye in the other, we can only attribute the difference to the more favourable habit of body—the semi-starved condition of the poor lad; whilst the man's blood was inflamed by ardent spirits and gross condition of body.

A striking instance of rapid recovery after extirpation of the eye has recently presented itself at this hospital. On Wednesday, March 31st, Mr. White Cooper excised a very large staphylomatous eye from a lad, aged eighteen. On the following Saturday, three days only after the operation, the orbit was quite in a condition to bear an artificial eye, and the patient was walking about the ward quite rejoicing in the relief afforded to the pain which the diseased eye had long caused.—*Ibid.*

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Treatment of Nævus by Injections with Tannic Acid.—Our readers may remember a notice in the reports of the Royal Medico-Chirurgical Society, of a communication by Mr. Haynes Walton on the successful treatment of a vascular tumour in the orbit by a solution of tannic acid. We understand that several surgeons have been adopting the method there advocated for the removal of nævi, and with the best results. Mr. Walton has himself used it in several such cases to his complete satisfaction. We record an instance that came under our notice in his practice at St. Mary's Hospital. A subcutaneous nævus was observed at the root of the nose in an infant eight months old. It was treated by iodine paint and cold lotions without benefit, and the increase induced the parents to send the child to a London hospital. There was now, five months later, a tumour as large as a marble, soft, capable of being much reduced by pressure, and covered by perfectly healthy skin. Mr. Walton at first applied a ligature subcutaneously, but unsuccessfully; indeed

this seemed rather to hasten growth. Then he resolved to inject with tannic acid. An aperture was made at the base of the tumour with a narrow tendon knife, which was moved about with the view of breaking down some of the texture, in order that the injection might have sufficient contact with the blood, and produce that peculiar coagulation which this agent is capable of effecting. The nozzle of a small syringe filled with a solution of the salt, in the proportion of a drachm to an ounce of water, was passed into the wound, and the fluid quietly thrown in till the nævus was well distended. Mr. Walton laid much stress on the gentleness of injecting, and the propriety of ceasing directly that the tension of the tumour was apparent, lest extravasation should happen. The hardness that quickly ensued proved the rapidity of the coagulation.

The special advantages of the plan are its potency and safety. The action of the tannic acid on the blood is certain, a peculiar coagulation being at once produced. There is no risk of sloughing, an occurrence that is apt to ensue when the muriated tincture of iron is used, and when it is due to the free acid it contains. The child attended at the hospital for a week, and then left for the country, there not being yet any apparent alteration. It was seen at the end of three weeks, and a very considerable reduction was manifest, and to the touch there was a sensation of lumps beneath the skin. Mr. Walton saw the child for the last time just six weeks after the operation, when there was no appearance of a tumour, and except that the integuments at the spot were a little hard, there was no trace of the former disease. No one, he says, would have told by mere ocular inspection that a nævus had existed.—*Lancet*, May 8, 1858.

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Serous Bronchocele.—Instances of serous bronchocele now and then present themselves to the notice of both physicians and surgeons at our large hospitals. We recollect an example under the care of Mr. Solly, at St. Thomas's Hospital, in an elderly woman, in Queen's ward, about two years ago, who was tapped to the extent of a pint, the fluid being serous, and again collecting at the time we saw it. The patient, however, left the hospital without anything further being done. A few weeks back, an analogous case, in an elderly woman, presented itself to the notice of Mr. Erichsen, at University College Hospital, the prominence depending most likely upon the presence of a cyst within the gland, containing serum. The patient refused to enter the hospital, and nothing was, therefore, done, although she had come out of the country expressly for surgical advice.

Such cases as these are sometimes benefited by tapping. When punctured, they have been known to inflame, suppurate, and their lining membrane to slough and contract. We have known instances, however, which, when punctured, have given exit to blood instead of serum. A remarkable instance of this kind, diagnosed as a pulsating bronchocele, was under Mr. Erichsen's care last year, of a young woman with a very large tumour indeed, in whom it was found necessary to tie the superior thyroid artery of the right side, with but temporary benefit. The treatment afterwards consisted of the injection of the perchloride of iron on several occasions. There was, however, frequent hemorrhage from the wound of the ligature, and on one occasion she lost a good deal of blood in the night without knowing it, which weakened her very much. She ultimately left the hospital but as the growth was extending, a fatal result probably ensued. When enlargement is producing danger of suffocation, ligature of the vessels supplying the tumour has been advised, or the use of a seton, or, finally, extirpation; but very few examples of success have occurred to encourage the practice of either of these.—*Lancet*, July 17, 1858.

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Menstruation During Pregnancy.—That a discharge, more or less identical with the ordinary catamenial flow may occur during pregnancy, is admitted by the majority of experienced observers. The following case under the care of Dr. Graily Hewitt, is an interesting example of this kind:—

Mary B———, aged twenty-five, presented herself at the Samaritan Free Hospital in April last. She had been married for six years. The catamenia commenced at the age of twelve, and at first appeared every two months. After a suppression which lasted for six months, the discharge became regular at the age of fourteen, and continued so until after her marriage, the ordinary interval being a calendar month. She became pregnant for the first time

rather less than six years ago, and was delivered of a healthy child, now alive. During this first pregnancy, however, it is stated that every fourteen days a bloody discharge occurred, lasting three or four days, and this periodic discharge persisted during the *whole period of gestation*. The discharge was rather paler than that observed before she became pregnant. The child was suckled for six months, and during lactation no trace of bloody discharge was noticed. A second pregnancy, attended with precisely the same phenomena, terminated favourably three years ago. The second child, also now alive, was suckled for fifteen months, and the catamenial discharge was absent in this second instance also during lactation. The catamenial discharge is habitually rather excessive in quantity, continuing usually six to seven days; it occasionally extends over twelve or thirteen, and this has been the case since she was married only.

There appeared no reason for disbelieving the facts of the case, as above stated, and as it was important to substantiate them as far as possible, further inquiries were made, the result of which confirmed the truth of the patient's account. From the birth of the second child up to seven months ago, she continued regular; after that time, symptoms of pregnancy were again observed, viz., morning sickness, pain in the legs and back, resembling those which occurred in her former pregnancies; but the catamenial discharge at the same time became irregular, the irregularity consisting, as in the former two instances, in its taking place about every fortnight. This latter circumstance, indeed, as she herself observed, was one which, from her former experience, led her to consider herself again pregnant. Four months ago the abdomen became swollen, and the breasts much enlarged and painful. Three weeks later, while walking in the street, she slipped upon a piece of orange-peel; and twelve hours afterwards, pains, like those of labour, supervened, and a fleshy substance was expelled from the vagina. From an examination of these and other facts related, it is evident that abortion then took place. The abdomen immediately diminished in size, and has remained very small ever since.

The case is one of very considerable interest. Here, in fact, was an instance of the kind referred to by Desormeaux (quoted by Dr. Montgomery), "in which the appearance of the menses in small quantities, and at an unusual time, was almost a certain sign of conception." So, indeed, the patient, in the case just related, considered it to be. The same series of phenomena were observed, let it be observed, on *three* successive occasions.

The patient now sought relief for pelvic pain and menorrhagia, depending, as Dr. Grailly Hewitt was led to believe on excessive uterine engorgement, and deficient involution of that organ after the abortion. No other morbid condition was detected on examination.—*Lancet*, July 24, 1858.

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Neuroma of the Posterior Tibial Nerve; Amputation of the Foot.—An Irish boy, twenty-four years of age, was recently admitted into St. Bartholomew's Hospital, with a nodulated swelling of the sole of his right foot. It had commenced twelve months ago, and now involved the greater part of the sole in a series of nodules, associated with general swelling, which had lately extended to the inner margin of the sole. He had been three weeks in hospital, When Mr. Lawrence, after consultation with his colleagues, determined to remove the foot above the ankle-joint. This joint was quite unaffected, and so were the other parts of the foot. The growth of the tumour had been somewhat rapid of late, and the surfaces of the nodules were discoloured; and so far as could be judged by these, together with the history, it looked as if it were medullary sarcoma. The leg was amputated by Mr. Lawrence on the 22d of May, and the foot was subsequently carefully dissected, when a true neuroma was found, the size of a walnut, on the posterior tibial nerve, the intimate fibrils of which surrounded the tumour, or, in other words, the tumour was developed from one or more fibres of that nerve, and caused the others to be expanded over it, and separated from one another as the tumour increased in size. The affected nerve gradually got lost in the structures of the sole of the foot, which had become completely degenerated in character, scarcely any of the natural tissues, excepting, perhaps, one or two small muscles, being recognizable. The lad, however, is doing very well, and will make a good recovery.

A case in some respects similar to this was in the same hospital a few weeks back,

under Mr. Stanley's care, of a young woman, who has a pulsating tumour in the sole of her foot; it was diagnosed a pulsating tumour, but turned out to be a neuroma of the internal plantar nerve underneath the plantar artery.

These cases are of great interest, especially from the difficulty in arriving at a correct diagnosis before operative proceedings.—*Lancet*, June 26, 1858.

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Congenital Absence of the Radius and its Muscles.—Very curious cases come under notice occasionally, illustrating the freaks of Nature in the deficiency of parts. When they are uncommon, we generally bring them under the notice of our readers. On the 2d of June, a child of two years was brought to Mr. Erichsen, at University College, whose left hand was twisted inwards, and quite loose at the wrist as if paralyzed. The apparent thumb was rudimentary, and hung by a piece of skin. On minute examination, however, it was discovered that the entire radius was absent, as well as, so far as could be made out, its proper muscles. There was a wrist-joint; but the true radio-carpal joint was not perfect, nor was there any metacarpal bone of the thumb. The true thumb was, therefore, deficient, and the rudimentary finger in its place was evidently not a thumb, but probably a second index finger. This appendage, being in the way, was removed by Mr. Erichsen.

What is peculiarly interesting in this case is, that there is not only an absence of a bone, such as the radius, of itself very rare, but that its proper muscles should be deficient. We could understand such a phenomenon better were a whole limb gone in utero; but why Nature should pick out a particular bone and its muscles in the centre of a limb for deficiency, is a problem that is difficult to solve.—*Lancet*, June 19.

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Congenital Deficiency of Part of One of the Abdominal Muscles.—An otherwise healthy infant, now attending Dr. Ramskill's out-patients' room at the Metropolitan Free Hospital presents the curious phenomenon of want of symmetry in the two sides of the abdomen. When quite at rest the umbilicus is on a plane a little to the right of the median line, and the left side is wider and larger every way than the other. During crying or laughing the navel resumes its median position, and the upper two-thirds of the left side start out into a prominent bulging. The swelling, which is at times quite as large as an adult fist, is tympanitic, and quite painless, evidently consisting of the intestines and stomach. No enlargement of the spleen can be detected, and, as already said, the child seems to be in perfect health. On palpation, the part of the left side where the bulging occurs is felt to be decidedly softer, and less resistent than the opposite. Dr. Ramskill remarked that he had formerly seen, at Guy's Hospital, a case in which the condition was almost precisely similar, and that Mr. Hilton had diagnosed a congenital deficiency of a large portion of one or both of the deeper muscles of the abdominal parietes. He was inclined to think that this was the condition present also in the one now under notice. The opinion was confirmed, he thought, by the circumstance that a sort of line might be felt passing obliquely downwards from the upper part of the iliac crest to the median line, which about bounded the lower edge of the protrusion. To suppose the upper three-fourths of the transversalis muscle wholly wanting, would just account for the state of things. Above, the protrusion is bounded only by the edge of the ribs, which it overlaps during forced inspiration to a marked degree.—*Med. Times and Gaz.*, July 3, 1858.

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MEMOIR.

On the Use of Metallic Sutures and Metallic Ligatures in Surgical Wounds and Operations. By J. Y. Simpson, M. D., Professor of Medicine and Midwifery in the University of Edinburgh. (Continued from p. 124.)

Part II. *Relation of Living Structures to Metallic and Organic Foreign Bodies.*—In pursuing the study of metallic as compared with organic surgical threads, there are two general laws in Surgical pathology which it seems necessary to consider before we can fully understand the relative advantages and disadvantages of these two forms of surgical sutures or ligatures. The two laws to which I allude have hitherto attracted very little attention from surgeons. They refer to the comparative passiveness of living tissues to the presence and contact of metallic materials, and their excitability and irritation, on the other hand, under the presence and contact of foreign organic bodies de-

rived from the vegetable or animal kingdoms.

Law of Tolerance of Living Structures for the Presence of Foreign Metallic Bodies.—Metallic bodies when lodged and imbedded without much mechanical contusion or injury in living tissues, produce comparatively little or no irritation by their presence; and if inflammation is excited by their contact, that inflammation is usually limited to the first or adhesive stage, and does not progress onwards to the higher stages or terminations of suppuration and ulceration.

In corroboration of this important general law, let me adduce some individual instances in evidence.

In the lower animals, when a portion of metal is placed in the subcutaneous tissues, and the external wound is closed over it, the foreign body becomes imbedded and fixed in its site, without leading to the production of suppuration and ulceration in the tissues in contact with it. With a view of testing this fact, I had placed deeply in the back and sides of a pig small pieces of gold, silver, copper, lead, and iron. We found no pus effused around these metallic bodies, when the wounds were opened and carefully examined six days subsequently. Around the pieces of gold, lead, and copper there was a thickish layer of coagulable lymph or fibrin, making as it were a complete cast of the foreign body; but showing under the microscope nothing but exudation corpuscles, and granules. Around the pieces of silver and iron there was no such distinct appearance of an incipient cyst;[1] for the portions of metal seemed to be closely embraced by the surrounding tissues, with little or no adhesive exudation between their contiguous surfaces. In some experiments which Mr. Syme made several years ago upon the dog, with the view of ascertaining whether or not the periosteum could throw out bone upon its internal surface, he introduced between the radius and its periosteum a thin plate of metal, using, I believe, lead for the purpose; and the superficial parts were found to heal "kindly" over and around this foreign body, apparently without any tendency whatever to suppuration or ulceration. . . . He exposed the radius in another experiment, cut away the periosteum, and surrounded the denuded bone with a piece of metal. At the end of six weeks he found a thick, rough capsule formed, inclosing the metallic plate.[2]

But the law holds equally good, that metallic bodies may be lodged within the living tissues of the human body without creating any considerable amount of irritative reaction.

It is a well-known fact in military surgery that in gunshot wounds, after the immediate effects, in the way of contusion and injury, resulting from the mechanical force of the ball, have passed away, the metallic ball itself may lodge in the tissues of the body for months or years with impunity; more especially if the internal vital organs are not touched by it.[3]

Since commencing these inquiries I have had reported to me, by my medical and other friends, several instances in which bullets have remained lodged within the bodies of officers and soldiers still living, and who received them at Waterloo and in the Peninsular War, forty years ago and upwards. One of the oldest and greatest military surgeons, Ambrose Parè, when speaking on this subject, remarks: "Leaden bullets (says he) lie in some parts of the body some whiles seaven, eight, or more yeares, so that they neither hinder the agglutination of the wound, neither doth any other symptome happen thereupon, as I have diverse times observed; untill at length by the strength of nature forcing them, and their proper weightines bearing them downewards, they shew themselves in some lower part, by their swelling or bunching forth, so that they must be taken forth by the hand of the Chirurgion. For they say Lead hath a certaine sympathy and familiarity with man's body, chiefely the fleshy parts thereof. Wherefore it neither putrefies itselfe nor causeth the flesh to putrefie; besides it hath an excellent faculty in cicatrizing old ulcers."[4]

To the same effect in his essay on gunshot wounds, the celebrated John Hunter, when speaking of the practice of leaving the ball, and not dilating the gunshot wound on that account, observes, "This practice has arisen from experience; for it was found

[1] In a later experiment I have seen a cyst formed around an angulated piece of bright steel.

[2] Transactions of the Royal Society of Edinburgh for 1840, vol. xiv. p. 162.

[3] Sometimes, however, "balls (observes Professor Traill) have been lodged in various parts of the body, even the chest, or the heart itself, for years, without causing death."—*Outlines of Medical Jurisprudence*, p. 87.

[4] English edition of Ambrose Parè's Works, p. 429.

that balls, when obliged to be left, seldom or ever did any harm when at rest, and when not in a vital part; for balls have been known to lie in the body for years, and are often never found at all, and yet the person has found no inconvenience. This knowledge of the want of power in balls to promote inflammation when left in the body arose from the difficulty of finding them, or extracting them when found, and therefore in many cases they were obliged to leave them."[1]

It would be easy to adduce evidence of the same kind from the works of other and later military surgeons, as John Bell,[2] Guthrie,[3] B. Cooper,[4] etc., but additional proof is perhaps superfluous, as the fact is one generally acknowledged in Surgical Pathology.

Seeing thus that musket-balls may remain lodged without irritation or inconvenience, in contact with the structures of the living body, it is scarcely necessary to add—what the experience of almost every surgeon can corroborate—that leaden pellets and small shot do often in the same way lie imbedded for years beneath the skin, or more deeply in the living structures.

In these cases of leaden bullets and pellets lodged for any length of time, the surrounding soft tissues, or a special cyst, embrace and hold firm the inclosed foreign body. "When (observes Mr. Guthrie)[5] a ball has been lodged for years, a membranous kind of sac is formed around it, which shuts it in, as it were, from all communication with the surrounding parts. If it should become necessary to extract a ball which has been lodged in this manner, the membranous sac will often be found to adhere so strongly to the ball that it cannot be got out without great difficulty, and sometimes not without cutting out a portion of the adhering sac."

[1] Hunter's Works by Palmer, vol. iii. p. 555.

[2] Discourse on the Nature and Cure of Wounds, p. 206. "A ball (says Mr. Bell) often lies without danger buried in the flesh for years or for life."

[3] Treatise on Gunshot Wounds, 1820. "When (Mr. Guthrie remarks) a ball has been lodged for years, we find that a membranous kind of sac is formed around it, which shuts it in as it were from all communication with the surrounding parts, and in some instances it seems to do so, and the patient suffers no sort of inconvenience from its retention."—P. 96.

[4] Principles and Practice of Surgery, p. 28. "It is not (Mr. Cooper observes) a matter of much importance as might be supposed, that the ball should be extracted, as there are very many instances of persons in whom a ball has remained without producing any ill effect by its presence."

[5] Commentaries on the Surgery of the War, etc., 1853, p. 34.

In an old patient, who had been affected more than once with syphilis, Morgagni found on dissection a leaden pistol-bullet, which had been lodged in his thigh thirty years before death. "There was," he adds, "a cyst or membranous follicle about that bullet, with which it was straitly inclosed all round."[6]

Flat pieces of lead may lie imbedded in the tissues of the human body, with apparently similar impunity to round bullets and pellets. Mr. Samuel Cooper quotes a remarkable example of this kind from M. Bordier, that happened at Pondicherry:—"An Indian soldier (says Mr. Cooper), angry with his wife, killed her and attempted to destroy himself, by giving himself a wound with a broad kind of dagger in the abdomen, so as to cause a protrusion of the bowels. A doctor of the country being sent for, dissected between the muscles and skin, and introduced a thin piece of lead, which kept up the bowels. The wound soon healed up, the lead having produced no inconvenience. The man was afterwards hanged, and M. Bordier, when the body was opened, assured himself more particularly of the fact."[7]

The instances which I have already cited refer only to lead, or lead and some of its alloys, lying in contact with the living tissues. And some authors, indeed, imagine that this negative property of harmlessness belongs, among the metals, to lead alone, "Bullets of stone (remarks Ambrose Parè,)[8] iron, and of any other metal than lead, are of another nature, for they cannot remaine any long time in the body without hurt; for iron will grow rusty, and so corrode the neighbouring bodyes, and bring other maligne symptomes." But the evidence of other metals remaining harmlessly imbedded in living tissues, or passing harmlessly through them, is equally strong. Needles, for example, may, as is well known to surgeons, long remain imbedded in the living tissues with little or no inconvenience. Even when they travel about from part to part from pressure of the muscles, etc., acting mechanically on one or other of their extremities, they produce little irritation in the course of their transit.[9]

[6] Seats and Causes of Diseases (Alexander's Translation), vol. i. p. 862.

[7] Cooper's Surgical Dictionary, p. 611; and Journal de Médecine, vol. xxvi. p. 538.

[8] English edition of Parè's Surgery, p. 249.

[9] Let me here, though in anticipation of the

"If foreign bodies (says John Hunter) are such as can be made to change their situation by the action of the body upon them, such as pins or needles, or from gravity, as is the case sometimes with bullets, then the parts through which they pass seem not to be much altered or disturbed."[1]

Various other metals, or combinations of metals, besides lead and iron, possess the same negative property of harmlessness; and, indeed, this principle has been taken advantage of in the religious and other rites of some nations. Thus, the Rev. Howard Malcolm, in his account of the religion of the Burmese, states: "Amulets and charms are worn by both sexes, but not by a large number, as among Hindus. One of these, common among military men, is the insertion of pieces of gold, or other metal, under the skin of the arm, between the elbow and shoulder. I was allowed," Mr. Malcolm adds, "by one of the Christians at Ava, to take from his arm several of these. They are of gold, inscribed with cabalistic letters."[2] Some of these Burmese warriors are, observes Captain Yule, in his late work on Burmah, said to retain the practice "of inserting a piece of metal under the flesh to make themselves invulnerable."[3]

Accident is frequently furnishing us with examples of the same law of tolerance of the living tissues for foreign metallic bodies, and that under conditions where two metals are united. For instance, our common tinned iron pins often enough become accidentally lodged in the external tissues of the body, or are swallowed and even traverse different parts of the body without showing much irritation or inflammation along their track. "In the cattle which feed in bleaching fields, there is not (observes Mr. Hunter) one of these killed without having their stomachs, etc.. stuffed full of pins, and no seeming inconvenience takes place, for they appear to be healthy, and fatten as readily as other cattle."[4] Among "the cases that have occurred of persons swallowing pins, needles, etc., they have (says Mr. Hunter) been found to travel almost over the whole body, without producing any effect except in some situations exciting some sensations." Mr. Hunter, in the chapter from which I have made these quotations, is inclined to argue that the same material which will produce little or no irritation, or at the most only adhesive inflammation in the deeper parts of the body, will more and more readily induce suppuration as it approaches the external or cutaneous surface, "internal parts (to use his own words) assuming the suppurative inflammation more readily than the internal"—p. 288. Hence he would expect an abscess to form around a bullet, pin, or needle lodged immediately beneath the skin, although the same bodies would excite no such inflammatory reaction when they were lodged in the deeper structures of the body. But suppuration does not by any means always, or indeed frequently attend the approach of metallic bodies to the surface; pins, needles, and bullets are often extracted by a slight incision through the skin, without a vestige of pus being traceable around them; and when they do, as, indeed, sometimes happens, lead to suppuration, when lodged superficially and subcutaneously, the inflammatory or suppurative action is generally, if not always, the result of compression and damage of the soft tissues lying around the foreign body, these soft tissues being, as the foreign body approaches the external surface, always liable to be contused and injured by every form of accidental outward pressure that impinges upon that surface. In fact, in the harmlessness of acupuncture needles, and, latterly, in the perfect innocuousness of metallic stitches, we have abundant evidence that metallic bodies produce, *per se*, as little irritation when lodged in the skin and mucous membrane, as they do when they are lodged in any of the deeper structures of the body. And, no doubt, Mr. Hunter was far more correct when he observed, "It is probable that these cases of pins, etc., owe their want of power in producing suppuration, not entirely to situation, but, in some degree, to the nature of the substance, METALS, perhaps, not having the power of irritation (inflammation) beyond the adhesive, for when the adhesive has taken place, the part appears to be satisfied."[5]

This great and important practical law of

sequel, state, in answer to various inquiries, that at present I believe that iron wire or iron thread, such as No. 30 of the wire-maker's gauge, will be found the cheapest, strongest, and perhaps altogether the best metallic thread, both for surgical sutures and ligatures.

[1] Hunter's Works, vol. iii. p. 287.

[2] Travels in South-Eastern Asia, etc., vol. i. p. 307.

[3] Narrative of the Mission to the Courts of Ava in 1855, p. 208.

[4] Hunter's Works, vol. iii. p. 282.

[5] Hunter's Works by Palmer, vol. iii. p. 288.

the tolerance of living structures for the presence and contact of pure metallic bodies has been fully expressed by an anonymous writer in the *Edinburgh Medical and Surgical Journal* for 1827.[1] The observations which this writer made thirty years ago are so apposite to the present inquiry, that I need make no apology for quoting them in full. "It is a remarkable circumstance (says he) that the acupuncture needles never cause inflammation in their neighbourhood. If they are rudely handled, or ruffled by the clothes of the patient, they may produce a little irritation; but if they are properly secured and protected, they may be left in the body for an indefinite length of time, without causing any of the effects which usually arise from the presence of foreign bodies. In one of M. Cloquet's patients they were left in the temples for eighteen days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies may remain imbedded in the animal tissues without being productive of injury; and that the property of irritating and inflaming by mechanical contact belongs only to those bodies which are non-conductors of electricity. But farther experiments are required to substantiate this curious and important law."

The author of the preceding paragraph, though right in his generalization, is no doubt wrong in his explanation of the facts. Other inorganic bodies, besides the metals, may be lodged with impunity in living tissues; and this, too, though they are non-conductors of electricity. Small pieces of glass, for example, occasionally remain long imbedded in the body in the same way as pieces of metal do. Mr. Hunter, indeed, points out this fact specially.[2] A medical friend of mine has a small piece of glass imbedded in his lip, which has remained there with impunity for upwards of twelve years. I have heard of two or three cases of small pieces of glass lying quietly in the structures of the hand for long periods. An eminent surgeon had for twenty or more years a small piece of coal lying without inconvenience beneath the skin of the leg; and the small particles of carbon left by the explosion of gunpowder and by tattooing are well-known to remain in the cutaneous tissues for a long lifetime without producing any irritation or disturbance. The Burmese, according to Mr. Malcolm, bury and carry not only gold, but also "sometimes small gems" under the skin of their arms.[3] In fact, there seems to be a law of tolerance more general than the passiveness of living tissues to the presence in them of metallic bodies; this higher and more comprehensive law apparently being that living structures may endure with impunity the presence of inorganic, and even of dense organic materials, provided they are not porous and capable of absorbing and retaining within them the secretions which are thrown out around them.

Before closing these observations on the tolerance of living tissues for metallic bodies, let me add, that in this as in many other instances, when once a general principle is established, we often find that it will serve us as a clue to the explanation of facts of an equivocal character already alleged, but which from their very strangeness, and previous inexplicability, were still regarded with doubt by some minds. For example, we have already seen that one old mode of attempting the radical cure of inguinal hernia was by the "golden stitch," or by encircling the neck of the hernia sac with a permanent gold wire, which wire was left imbedded in situ, and the wound closed over it. The past history of surgery shows that this practice was followed as far as the safety and life of the patient were concerned, with a degree of frequency and impunity

[1] See the Review of the Essays of Clocquet, Sarlandiere, Pelletan, Pouillet, Carraro, and Dantu de Vannes, in the Edinburgh Medical and Surgical Journal, vol. xxvii. p. 197.

[2] Loc. cit., p. 288. After speaking of "metals perhaps not having the power of irritation beyond the adhesive," Mr. Hunter observes: "This appears also to be the case with the introduction of glass, even in superficial parts: a piece of glass shall enter the skin just deep enough to bury itself; inflammation shall come on: the wound in the skin, if brought together, shall heal by the first intention; and the inflammation shall not exceed the adhesive, but rather degenerate into the disposition to form a sac, by which means a sac is formed around the glass, and no disturbance is given to the irritability of the parts. This was the case with Mr. Knight, apothecary, who had a piece of glass, three-fourths of an inch long, run into the palm of his hand, and remained there for ten weeks, without any further inconvenience than retarding the motion of the hand, and sometimes giving a pricking pain, when the sac was made to press upon the points of glass; this insensibility, however, arises from a sac being formed with such properties, but it cannot be assigned as a cause in the case of bodies moving with pins."

[3] Travels in Asia, vol. i. p. 307.

which was startling under our modern pathological ideas of the facility with which injuries and wounds of the peritoneum run on to dangerous degrees of inflammation and death.[1] In the same way these ideas have again been upset in modern days by the new mode of radical cure for inguinal hernia introduced by Wurtzer, Rothmond, Spencer Wells, and other surgeons, and which essentially consists in infibulating the hernial sac, and placing and keeping for several continuous days a stitch through this inverted portion of the peritoneal sac. We have proof of the innocuousness of this method of operating in the fact that Rothmund has, it appears, practised the operation now upwards of one thousand times without losing a patient, or seeing one case of fatal peritonitis excited by this prolonged puncture and transfixion of the peritoneum. In all probability the explanation of the comparative safety of both these modes of radical cure of hernia is simply this: The thread or needle used is metallic, and hence, in accordance with the general law which we have been considering, inflammation is excited by the metallic thread or metallic pin only up to the degree or stage of adhesion. If a silken thread is used for the purpose, then, as shown indeed by the result of Gerdy's experience upon the radical cure of inguinal hernia, the same operation comes to be attended by a higher and far more dangerous degree of inflammatory action.[2]

Law of Non-tolerance of Living Tissues for the Presence of Dead Foreign Organic Bodies.—When foreign dead[3] organic bodies, belonging either to the animal or vegetable kingdom, are lodged or imbedded in the living tissues, they, as a general law, speedily produce morbid irritation and excitement, and a degree of inflammation which soon terminates in suppuration and ulceration.

In experiments upon the lower animals, pieces of lint-cloth, etc., lodged in the cellular tissue, etc., excite suppurative inflammation, when portions of metal of equal size, lodged in their neighbourhood, and at the same depth, excites only adhesive inflammation.

Foreign or dead organic substances are sometimes found lodging in and complicating wounds in the human subject, particularly gunshot wounds.

The walls of a gunshot wound along its tract through the soft tissues of the body, are often to a greater or less extent killed by the force and blow of the ball, and consequently slough. Whenever a portion of soft tissue is in this way deprived of vitality, and becomes a dead organic substance, it excites in the contiguous living structures suppurative and ulcerative inflammation to such a degree as is necessary for the disjunction and elimination of the dead organic tissue.

When any portion of the soft tissue dies or sphacelates from any other cause, mechanical or morbid, it gives rise in the same way for its separation and removal to suppurative and ulcerative inflammation in the contiguous living structures.

The same law holds true in regard to a piece of dead or necrosed bone. Suppurative and ulcerative action is set up in the living tissues around it. When a piece or splinter of bone is struck completely off by a gunshot wound, the lodgment of this separated fragment of bone prevents, sometimes for a long period, the wound from closing, and keeps up constant morbid irritation and suppuration by its presence.

Pieces of cloth are occasionally lodged in the structures of the human body by gunshot wounds, the ball carrying before it and with it portions of dress, etc. The law of the non-tolerance of living tissues for the presence of foreign organic bodies, is strongly illustrated by the irritation and suppuration to which such imbedded portions of cloth give rise. The fact is one well known in military surgery, and is alluded to by various authors. Thus, for example, Mr. John Bell, in his "Discourses upon Wounds," when treating of the circumstances which may impede the healing of a gunshot wound, specially point out, that, as a cause of its slow cure and of its continuous irritation

[1] In describing this old method for the radical cure of hernia, Purmann, for example, remarks, in reference to the frequency and comparative safety of the operation: "The famous and excellent operator at Leyden, Schmaltzius, was so expert at it, that you could not perceive how he performed it without a diligent circumspection; yea, I verily believe, he could have cut fifteen patients in an hour's time, if he had had so many. When I was there, he cut but six in an hour, all which succeeded; but then he took more time than ordinary."—*Chirurgia Curiosa*, Book II., chap. 13, p. 161.

[2] See Mr. Spencer Wells's paper "On the Radical Cure of Inguinal Hernia," in the Dublin Journal of Medical Science, for May, 1858.

[3] We shall afterwards see that living organic bodies, as imbedded entozoa, do not, while living, give rise by their presence to suppurative or ulcerative inflammation.

and suppuration, "there may remain some foreign body within the wound; now," he continues, "a ball *never* produces these; a broken and corrupted bone would presently be known by the black colour and fetid smell of the discharge; and if the slow healing of the wound is known to proceed from neither of these causes, then most likely it arises from some piece of *cloth* which has passed in along with the ball."[1]

In the practice of his profession, the surgeon often takes advantage of the same law; for when he wishes the sides of any artificial wound or opening which he has made not to adhere, he knows he can effect this purpose by lodging between the walls of the wound a piece of charpie, or other foreign body; and he is further certain, by maintaining the foreign body in this position for a few days, that suppuration in the walls of the wound will be excited by its presence.

A very small and minute fragment of dead animal or vegetable substance is sufficient, in accordance with this law, to excite suppuration in the living tissues among which it is lodged. Several years ago various eminent surgeons tried for a time the practice of cutting off both the ends of the ligatures with which they had tied vessels in amputations and other operations. The quantity of organic ligature required to be thus left buried in the closed wound around each deligated vessel was extremely small.

Mr. Lawrence calculated that the loop of silk thus left around each artery was, perhaps, not heavier than one-fiftieth of a grain; and the weight of flax or hemp thread required was not much more.[2] But though this vestige of foreign organic matter is not generally sufficient to prevent the union of the wound by the first intention, yet the practice has latterly been almost entirely given up by surgeons because they found that, as a general law, this minute fragment of organic ligature thus left imbedded in the wound became inclosed in a small abscess, and by its presence gave rise to a slow process of suppuration and ulceration, by which the ligature was ultimately carried out, and discharged from the surface of the body. "By some both ends (says Professor Miller) are cut away; in the belief that adhesion is thus favoured throughout the line of wound, as doubtless it is; and in the hope that the noose will become encysted, and give no further annoyance—as certainly will not happen. Adhesion under such circumstances is a misfortune; for the noose and its contained slough are to all intents and purposes foreign matter; as such their presence will be resented by the surrounding living textures; and as such they will be extruded by suppuration. Sooner or later—often after cure has apparently been completed—deep abscess forms painfully and slowly, having approached the surface, pus is discharged, and with it, its cause, the noose. Not until this latter has been put forth will the pain and discharge cease."[3]

Long organic ligatures of silk or thread, thrown around bleeding vessels, and left hanging out of the surgical wounds, keep up in the same manner by their presence and contact a continuous process of suppuration along their tract; and at the point of deligation the tied artery is cut through by ulceration, before the ligature becomes separated and removed.

Organic sutures formed as suture-threads have hitherto been of silk, flax, or hemp, act in accordance with the same general law of the non-tolerance of living tissue for foreign organic substances, and when left for a short time, always at last excite suppuration and ulceration by their presence.

Indeed the common organic sutures hitherto used by surgeons do thus so often prove noxious centres and sources of irritation in the lips of wounds as to have led, repeatedly, in the past history of surgery, to their more or less partial or complete rejection from practice. Above a century ago the published observations of Pibrac and Louis, led for a time, to the almost total discontinuance of sutures in closing and keeping in apposition the lips of wounds, whilst the same object was attempted to be obtained principally or entirely by the aid of position, plasters, and bandages. The best surgeons of modern times, while returning again to the moderate use of silk and similar sutures, have very generally acknowledged the irritating and unhappy effects occasionally produced by them, particularly when too

[1] Discourses on the Nature and Cure of Wounds, p. 203.

[2] "A portion," says Mr. Lawrence, "sufficient to tie a large artery, when the ends are thus cut off, weighs between 1-50th and 1-60th of a grain; a similar portion of the thickest kind I have tried weighs 1-20th of a grain, and of the slenderest 1-100th. These ligatures do not interfere with the process of adhesion."—*Medico-Chirurgical Transactions*, vol. vi. p. 103.

[3] Miller's Principles of Surgery, p. 362.

long detained. Thus the late Professor Samuel Cooper, in the last edition of a work that was long regarded as a standard exposition of English Surgery, remarks, that it must be allowed that the cause of some wounds not uniting, "is entirely ascribable to the irritation occasioned by the sutures themselves."

"Since (he observes) the sutures *always* act as extraneous bodies in the exciting more or less inflammation and suppuration round them, there can be no doubt that their employment is invariably wrong, whenever the sides of a wound can be maintained in contact by less irritating means, with equal steadiness and security. For what is it that generally counteracts the wishes of the surgeon, and renders his attempts to make the opposite surfaces of wounds grow together unavailing? Is not the general cause too high a degree of inflammation, which necessarily ends in suppuration? Are not sutures likely to augment inflammation both by the additional wounds of the needles, and the still more pernicious irritation of the threads, which always act as foreign bodies, sometimes producing not merely an increase of the inflammation and suppuration in their tract, but frequently ulceration or sloughing of the parts; and, in particular constitutions, an extensive erysipelatous redness. More wounds are hindered from uniting by sutures than such as are healed by them."[1]

Or let me quote on this point the Author of the last work on Surgery published in this country:—

"Sutures (says Professor Pirrie) should not be employed when it is possible to maintain steady apposition without them. During the first day or two, and before they have cut their way by ulceration through the skin, they certainly act more powerfully than plasters in maintaining coaptation—one of the essentials for obtaining adhesion; but they also irritate much more, and, if not speedily removed, excite, at least in their immediate vicinity, sufficient inflammation to lead to ulceration, preparatory to their spontaneous extrusion, and the vascular action thus set up in one part of a wound, may extend so far as materially to interfere with or prevent adhesion. Even under the most favourable circumstances, a slight suppuration seldom fails to follow in the track of each stitch; and though, when the action stops here, the general healing of the wound may not be retarded, still the greater marking of the cicatrix, at each of these points, is an additional reason for avoiding their employment, when possible, especially on exposed parts.[2] Sutures, then (concludes Dr. Pirrie), are to be employed when there is difficulty in keeping the parts satisfactorily in contact by means of plasters; but they should be as few and far between as consists with the attainment of their immediate object."

In short, Professor Pirrie, like many other eminent surgeons, holds with Mr. Hunter, that plasters have an advantage over stitches, by not inflaming the parts over which they are applied; "and (to use Mr. Hunter's own words) by neither producing in them suppuration or ulceration, which stitches always do." (P. 257.)

Exceptions to the Two preceding Laws in Surgical Pathology.—In pathology there are many general, but few or no universal laws. The two preceding general laws, like all other general laws in medicine, are liable to more or fewer exceptions, apparent or real. To understand the full practical value of these two laws or principles, let me here state one or two of the more important exceptions to them.

1. The presence of metallic bodies or threads is liable—like the presence of organic bodies or threads—to produce in living tissues absorption, with the formation of pus—or, in other words, suppuration and ulceration—provided it is combined with strong constriction of, or strong pressure upon these tissues. In fact, surgeons have used, as we have already seen, metallic threads in this way, to produce by firm and forced constriction rapid ulcerative absorption in dividing the necks of polypi, or the solid walls of a fistula *in ano*. Here it might seem as if the metallic material excited by its presence, not adhesive, but suppurative and ulcerative inflammation. But this exception to the general law of the tolerance of living tissues for metallic bodies is more apparent than real. For the truth is that the resulting rapid ulceration and absorption in these instances are the result of the mere strong mechanical constriction and pressure of the living tissues, and quite independent of the agent or material, by

[1] Cooper's Surgical Dictionary, Article "Sutures," p. 1211.

[2] Principles and Practice of Surgery, by Professor Pirrie, of Aberdeen, p. 64.

which that constriction and pressure are produced. The effect would equally follow, whether the ligatures were organic or inorganic, provided only the physical amount of constriction and pressure made by them upon the involved living tissues were sufficient in degree. But the observation becomes important in another point of view. For it shows us that we must not expect metallic, any more than organic suture-threads to remain quite free from any chances of suppuration and ulceration in their courses or tracks, provided they are so placed in a wound as to drag and press greatly upon the included tissues. The living tissues will only in general tolerate, without suppuration or ulceration, metallic threads, on the condition that they are so placed and so adjusted as not to produce unnecessarily strong tension and traction upon the structures through which they pass.

2. Though in surgery organic threads and ligatures, as a general law, speedily produce, by their presence, suppuration and ulceration in tissues in contact with them; yet there occasionally occur in practice exceptions, real or apparent, to this common principle in surgical pathology. Sometimes, though very rarely, an effusion of coagulable lymph only, and not of pus, is thrown out around the organic threads, or, in other words, its presence for five or six days, or longer, excites only adhesive, and not, as usual, suppurative and ulcerative inflammation. Again, sometimes another result is seen, viz., that when silk or flax threads and ligatures are left in the living structures for weeks or months, they in the first instance excite, as usual, more or less suppuration and ulceration in the tissues immediately in contact with them; but after a time the secretion of pus ceases, the included portion of thread becomes dried and rigid, like a non-porous, inorganic material, and subsequently becomes fixed in its site by effused coagulable lymph and granulations. I have repeatedly seen this series of changes in watching the effects of sutures in the lower animals; sometimes with one loop of suture thread remaining moist and the centre of a purulent collection, and a contiguous thread dried, stiffened, and fixed *in situ* by coagulable lymph and granulations. Similar examples occasionally occur in the human subject. Last year, in a case of complete and extensive laceration of the perineum, I brought the edges of the rent together an hour or two after delivery, by the usual deep quilled suture, and by some superficial stitches in the skin of the perineum. and the mucous surface of the vagina. Three days afterwards, the patient's medical attendant removed the quilled sutures, and the superficial cutaneous stitches; and the reunion of the parts was found complete. I did not see the patient from the day of operating, till three months afterwards, when I was asked to ascertain if there was anything wrong in the vagina. In the posterior wall of the vagina, in the site of the previous laceration, I found, still *in situ*, the two silk stitches, that had been used to bring the mucous walls of the rent into apposition, but which had escaped notice when the other threads were withdrawn. The embedded loops were dry and arid, and their sites marked by an accumulation of granulations.

Such exceptions, however, by their rarity only prove the extent and importance of the very law of which they thus form occasional variations.—*Med. Times and Gaz.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Yellow Fever.—We regret to have to record the prevalence of this disease as an epidemic, both in New Orleans, and in Charleston, S. C. The deaths from that disease in the former city during Friday, Aug. 20th, were 54; during Saturday, Aug. 21st, were 78; and for the week ending Aug. 21st, 310.

In Charleston the deaths during the week ending Aug. 21st, were 28.

The American Pharmaceutical Association.—This association will meet in the city of Washington on the 14th of September next. The subjects of domestic adulteration of drugs and the revision of the Pharmacopœia are to be acted upon by the Association. The Committee upon Home Adulterations request, in the mean time, information from all who are interested in the subject and can furnish *facts* in regard to it. Physicians as well as apothecaries are appealed to for this information, which may be addressed to the Chairman of the Committee, C. B. Guthrie, 88 John Street, New York City.

Shelby Medical College.—A new school has recently been organized at Nashville, Tenn., under the above title. The following gentlemen constitute the faculty: Jno. Frederick May, M. D., of Washington City, D. C., Prof. of the Principles and Operations of Surgery; E. B. Haskins, M. D., of Clarksville, Tenn., Prof. of the Theory and Practice of Medicine; John P. Ford, M.D., Prof. of Obstetrics and Diseases of Women and Children; Thomas L. Maddin, M. D., Prof. of Anatomy—Descriptive, Histological and Surgical; John H. Callender, M. D., Prof. of Materia Medica and Therapeutics; Richard O. Currey, M. D., of Knoxville, Tenn., Prof. of Medical Chemistry and Medical Jurisprudence; Daniel F. Wright, M. D., of Memphis, Tenn., Prof. of Physiology and Pathology; R. C. K. Martin, M. D., Prof. of Clinical Medicine; H. M. Compton, M. D., Demonstrator of Anatomy.

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Prof. Agassiz.—The Boston *Courier* states that this eminent naturalist had declined the splendid offer made him by the Emperor of the French, of the superintendence of the Garden of Plants, Paris, with a salary of twenty-five thousand francs and a seat in the Senate. Prof. A. prefers to remain in his adopted country, where he will be employed for some years to come, in completing his great work on the Natural History of the United States.

FOREIGN INTELLIGENCE.

Neuralgia.—Dr. Alexander Wood operated at the Infirmary before the members of the British Association, at the late meeting in Edinburgh, on two patients for neuralgia according to a plan proposed by him. This consists in injecting under the skin, at the most painful part of the nerve, a few drops of Battley's solution. The patients expressed themselves relieved, and Dr. Wood speaks of the process as the most certain and effective means of curing all forms of neuralgia.

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Iodide Injections.—M. Creuzer, a military surgeon, states, in the *Journal de Médecine et de Chirurgie Pratiques*, that he has cured a sergeant of a cystic tumour of the great toe by means of an iodine injection. Such injections are doubtless extremely useful, but we would warn practitioners from using them freely where the sac communicates with either of the three cavities. M. Marjolin, Surgeon to the Children's Hospital in Paris, with great judgment and candour, lately brought before the Surgical Society a case of his where a little girl died soon after the second injection into the sac of a psoas abscess, from the rupture of the former, and the passage of the iodine into the peritoneal cavity —*Lancet*, June 19.

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Neglect of Brain Disease.—The poor overwrought brain meets with but little attention and consideration when in a state of incipient disorder. The faintest scintillation of mischief progressing in the lungs, heart, liver, and stomach, immediately awakens alarm, and medical advice and treatment are eagerly sought; but serious, well-marked symptoms of brain disorder are often entirely overlooked and neglected: such affections frequently being permitted to exist for months without causing the faintest shadow of uneasiness or apprehension in the mind of the patient or his friends. Morbid alterations of temper—depression of spirits, amounting sometimes to melancholia, headache, severe giddiness, inaptitude for business, loss of memory, confusion of mind, defective power of mental concentration, the feeling of brain lassitude and fatigue, excessive ennui, a longing for death, a want of interest in pursuits that formerly were a source of gratification and pleasure, restlessness by day, and sleeplessness by night, all obvious indications of an unhealthy state of the functions of the brain, and nervous system, rarely, if ever, attract attention, until the unhappy invalid, becoming unequivocally deranged, commits an overt act of insanity. Then, the exclamation is, "Poor fellow, his mind has been affected for months!" and no one expresses any surprise that he should, in such a state of mental disorder, have hung himself or cut his throat. It is difficult to induce the public to take a common sense and right view of this important subject; for, if the saving of life is the object, it is to the public mind we must plainly address ourselves. If a person in a previous state of mental and bodily health is conscious that abnormal changes are taking place in the mind—that trifles worry and irritate—that the brain is evidently unfit for work—that the spirits are

flagging—that all the evils of life are magnified; if he is disposed to be fanciful—imagining things to exist that have no existence apart from himself—believing that kind friends ill-use and slight them; if symptoms like these, or analogous to these, are associated with headache, derangement of the stomach and liver, and want of continuous sleep, the patient may assure himself that the state of the brain is abnormal, and requires careful consideration and treatment. —Forbes Winslow, *Journal.*

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Aluminium.—This metal is almost as white as silver, but like silver it requires cleansing to keep its brilliancy, and at present, no means have been found to keep it as brilliant as silver. It is, however, more elastic than this metal, and it can be drawn into finer wire, its tenacity being greater. It is, moreover, compared unalloyed with alloyed silver, and were this last without its alloys it would lose in the comparison. Little is known of the alloys of aluminium at present. Being four times less dense than silver, the extraordinary lightness of aluminium never fails to create astonishment. It undergoes no alteration whatever on exposure to the air. A plate suspended in a court for more than a year exhibited no change in weight or appearance; and ornaments worked in it three years since remain absolutely the same. Neither nitric nor sulphuric acid will act upon it; and as muriatic acid acts upon it very slowly, it has been advantageously substituted for platina in the voltaic pile. It is an important fact in domestic economy that aluminium is the most harmless of all the metals, not only avoiding the dangers of copper in culinary utensils, but also the ferruginous taste produced by iron vessels, and the fishy one due to the protochloride of tin. Its point of fusion is inferior to that of silver, but the fiercest kitchen fires do not melt vessels constructed of it. Its specific heat is very considerable, and when once heated it preserves its temperature for a long period. Its sonority is equal to that of silver, and almost crystalline. It may be gilded by means of the pile; and by its aid, perhaps, the problem of gold and silver ornamentation may be solved. At present those two metals cannot be associated, owing to the blackening of the silver. A combination of copper with aluminium produces bronzes which may be advantageously employed. The proportion of ten per cent. resembles iron in almost all its physical properties, and can be drawn into a wire of greater tenacity, and much greater lightness, than iron wire. —*Gaz. des Hôp.*, No. 9. Professor Schrötter recently communicated to the Vienna Academy some information he had obtained from Dr. Schwarz, of the Austrian Consulate at Paris. He has made a collection of the articles that have been fabricated in aluminium, amounting to 159 in number, and valued at 7000 francs, showing that the metal, whether in its pure or alloyed state, is well capable of useful applications. Its alloys are three—tin, silver, and copper. That of tin (3 aluminium to 100 tin) is harder and less liable to be acted upon by acids than tin alone, and is displacing it for many purposes. The alloy with silver (of 5 parts of this to 109 of aluminium) is considerably employed for dessert knives; while that of 100 parts of silver and five of aluminium is admirably suited for medals, and will, on account of its greater beauty and durability, at no distant time supplant the alloy of silver and copper used for this purpose. The most important alloy is, however, aluminium and copper, since with from five to ten per cent. of aluminium we have an exact resemblance to the colour of gold, while the mixture is distinguished by its firmness, elasticity, and unchangeableness when exposed to the air or to alkaline and acid solutions. The price of aluminium can no longer be regarded as a hindrance to its employment, for it has already fallen from 1200 to 300 francs the kilo, and by taking large quantities can be got for much less. At present, there are only two establishments for producing it, one at Nanterre, near Paris, being the original establishment founded by Deville, and the other near Rouen. The first of these manufactures about sixty, and the second eighty kilos per month. The latter establishment produces it from kryolith (3 Na F, $Al_2 F_3$), as recommended by Rose, and which exists in such enormous masses on the Greenland coast that it is brought to the French ports at three francs per 100 kilos—the proprietors engaging to furnish 2000 tons per annum for twenty years. Owing to the employment of this, the price of aluminium will probably fall to fifty francs the kilo.—*Erdman's Journal für Chemie.*

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Excision of the Entire Tongue. — On Saturday, July 31, it being generally known that Mr. Syme was to perform, for the second time, excision of the tongue, a concourse of medical spectators was got together such as has, perhaps, been rarely before equalled. I had had an opportunity of seeing the patient a few days before. He was a moderately stout, pale-complexioned man, of about 50. The disease had commenced on the right side of the tongue near its tip, more than two years ago. He was a native of Northampton, and had been treated in the hospital of that town, where, in February last, the cancerous growth had been removed by ligature. After its removal it quickly returned, and the man then sought advice in London. He was treated for a few weeks in Guy's Hospital, where caustics were applied; but, according to his own account, no hope was given of its removal. Having returned to Northampton, application was made to Mr. Syme to know whether he would be willing to attempt resection of the organ, and the man was subsequently sent to Edinburgh. Amongst the favourable circumstances in his case, to which Mr. Syme directed the attention of those present were, that although the disease had existed nearly three years, yet there was no perceptible enlargement of the glands, that the spreading of the ulcer had been slow, and that the man was still in fairly good health. The disease was so much advanced that there could be no doubt as to the diagnosis, or as to the inadequacy of any ordinary mode of operation for its complete removal. The extremity of the organ had been removed by

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previous operation, and an irregular ulcerated surface now presented itself, behind which was a mass of malignant induration, which involved almost the whole of its substance. It was to a considerable extent fixed to the floor of the mouth, and without free separation both below and laterally, it would have been quite impossible to have surrounded the diseased part by a ligature, or by the chain of an écraseur.

The Operation.—The man having been placed under the full influence of chloroform, Mr. Syme commenced by dividing the lower lip and chin in the median line, and, having laid bare the symphysis of the jaw, next proceeded to cut through it with a narrow-bladed saw. The division of the bone was finally completed by a pair of large cutting forceps. The soft parts below and at the base of the tongue were next divided, the vessels being tied as cut; several vigorous spurts of blood took place, but the whole quantity lost was not large. The two halves of the jaw gaped very widely, and ample room for the manipulations appeared to be afforded. After the section of the jaw, Mr. Syme waited a while to allow of a fresh exhibition of chloroform, the man having partially recovered from its influence. The whole operation was conducted with the patient laid flat on his back, and at times the gurgling of blood in the throat was suggestive of alarm; the man, however, at this stage was not at all deeply insensible. The excision was a most complete one, including the whole of the organ, and all but laying bare the hyoid bone. The chasm left after the conclusion of the operation was very large. All bleeding was quickly arrested after the completion of the operation, and the man, when removed from the operating theatre, appeared in a very satisfactory condition. On examination of the part excised, a broad portion of healthy structure was seen to extend beyond the margin of the cancer in every direction.

Being at the Infirmary on the following Monday, I had the pleasure of learning that the man was doing well in every respect, but I have since heard with regret that he died on the Thursday.—*Med. Times and Gaz.*

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Removal of the Tongue for Cancer of that Organ with the Ecraseur.—The following short notes of a case, in which M. Ricord removed at the Hôpital du Midi for lingual cancer the entire organ as far as that was possible with the écraseur alone, may be of some interest to our friends at home at a time when the attention of the medical public is directed to the propriety or impropriety of the entire removal of this organ for cancer by so great an authority as Professor Syme, who, having lost his two cases in precisely the same manner as M. Sedillot lost the first patient upon whom he had performed exactly the same operation some years ago, and who, failing with all his skill and boldness to obtain even a temporary success, comes forward like a courageous gentleman, and holds up his cases of failure as a beacon to the profession at large; and now openly avows his concurrence with the testimony of all experienced practitioners as to operative interference being decidedly unfavourable in these cases; the removal of the diseased part never affording permanent relief, and generally exciting instead of retarding the morbid progress.

About the month of March of the present year, or at any rate at the time of the last fall of snow, M. Ricord had in his wards a patient with cancer of the tongue who had been variously treated by caustics, but was at that time in such a condition that his very existence was a misery. He was totally deprived of speech, and had completely lost the faculty of taste, excepting, as M. Ricord remarks, "le goût de son propre fruit." In such a state of suffering was this poor fellow, that he allowed the rather unwilling operator no rest until he had performed his duty.

This was effected in the following manner: the tongue seized with the vulsellum, and drawn forcibly forwards, a strong curved trocar was passed from side to side (or, speaking of the tongue, from edge to edge), and as far back as possible; the chain of the écraseur was then passed behind the trocar, and the "écrasement" effected very slowly, one notch per minute; however, in spite of this extreme slowness of the crushing process, the operation was followed by some amount of hemorrhage; this, nevertheless, was arrested by cramming the mouth with snow-balls soaked in the perchloride of iron.

All went on well during the first fortnight, so that at the end of that time he had not only recovered the faculty of taste, so as to be able correctly to distinguish the

difference between cabbages and lentils, and like different dishes forming the fare more or less sapid and sumptuous of the hospital; but he had likewise become the orator of the ward, speaking French with sufficient ease and fluency, although he would probably have been somewhat puzzled to pronounce the pure linguals of the English language.

About this time he was exhibited to the assembled academy; and presenting in the submaxillary region some slight induration with glandular engorgement, M. Velpeau pronounced his opinion that this was evidence of a return of the affection. This opinion, however, was combated by M. Ricord upon the grounds that the glandular engorgement was more easily and hopefully explained by the supposition that it depended upon a retention of the salivary secretion, owing to the ducts having been included in the operation; he inclined to this opinion, inasmuch as the engorgement made its appearance very suddenly and equally on either side. The diagnosis of M. Ricord proved the correct one; the engorgement after having attained an enormous extent gradually subsided. But now arose another and unexpected accident; as cicatrization progressed the contracting cicatrix laid a tax upon all the surrounding parts; what little was left of the tongue, previously mobile, and capable of modulating the vocal element, was so drawn upon and forwards that it became by degrees immobile, again depriving the patient of vocalization. But this was not all; the still contracting cicatrix now began to affect more distant parts; deglutition, from less and less facile, became more and more difficult, until we fear that inanition might have subsequently become a serious, and even fatal, complication, had not the case been suddenly cut short by a latent attack of pneumonia at the commencement of the past month. The pneumonia was not suspected, owing to the absence of expectoration and other outward and visible signs. This may be excused, owing to the fact that all attention was directed to the obviation of the imminent ultimate result of the interference with the function of deglutition.

The necroscopy discovered no evidence of cancerous return; the salivary glands, pharynx, and œsophagus, were perfectly normal; the mucous membrane of the larynx slightly indurated, this organ otherwise healthy; the lungs a perfect specimen of red hepatization; other organs normal.

From the above case we should not decide formally with Mr. Syme in his veto against the future performance of this operation, but we would reiterate the opinion and views of your Scottish Tourist. For the future we should dispense with the indispensable ligature left in order to prevent the patient from swallowing and strangling himself with the remainder of his tongue, and we should in searching for the cause of this constant pneumonia seek to obviate the accidents so imminent in this case.

On the other hand, we have other cases of a more happy termination. The other day (August 9), for example, we saw a case in which more than two-thirds of the tongue had been removed by the écraseur two years previously; the patient presented a specimen of even ruddy health, although the tumour removed by M. Chassaignac was reported as cancerous.

We have seen M. Maisonneuve remove the entire tongue, after having previously divided the lower jaw at its symphysis, by means of a chain-saw, and completing the operation either by means of scissors or the écraseur. He looks upon hemorrhage as quite a secondary consideration. The presentation of patients having undergone the entire removal of the tongue before l'Académie de Médecine is a sufficient guarantee that the operation is not in itself necessarily fatal. And also from our own observation we can assert that in the cases of M. Maisonneuve, the operations seen by us were, we may say, well supported, although we have now lost sight of the patients, and have no note of the ultimate results. We have noticed considerable difficulty in keeping the divided surfaces of the jaw in direct apposition; and in order to obviate this inconvenience M. Sedillot suggests that the maxilla be divided by two oblique lines meeting in the centre, so that one end fitting into the other they may be of mutual support.—*Med. Times and Gaz.*, Sept. 4, 1858.

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Excision of Tonsils.—Mr. Syme expressed, at the Edinburgh Royal Infirmary, a strong opinion as to the desirability of abscising the tonsils when their enlargement is considerable and of long standing. Two cases came under notice on Thursday, July 29th, in one of which both tonsils required diminution, and in the other only one.

Both patients were children. The instruments employed were a probe-pointed curved bistoury and a common vulsellum, by which the gland was first seized and dragged forward. Adverting to the importance of excising a large portion, Mr. Syme stated that he did not think this could be nearly so well accomplished by the guillotine as by the knife, and said that he considered the latter much the safer instrument. A large majority of our London surgeons who practice this operation also prefer the less complex instruments. To the original forms of the guillotine there is, doubtless, the objection that they do not provide any means for lifting the tonsil well into their blades. A more perfect instrument has, however, long been made, which has a sort of lever fork, which serves this purpose admirably. I cannot but think that by its aid the surgeon acquires a considerable advantage in respect to his being independent of his patient. Now and then, a child will get unruly or lose self-control on feeling the knife, and then the completion of the operation by the bistoury and vulsellum plan is by no means easy.—*Med. Times and Gaz.*, Aug. 14, 1858.

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External Division of Urethral Strictures.—I was very desirous to ascertain in what estimation the several operative procedures with which Mr. Syme's name is so closely connected, more especially the amputation at the ankle-joint and perineal section of strictures, are held by his colleagues and other Edinburgh surgeons. Bearing in mind the extent to which the jealousy of rivals influences their opinions, we may be tolerably certain that the reputation of a surgical novelty will not rise beyond its deserts in the locality of its birth, and during the life of its proposer. At a distance, and amongst those whose only facts are supplied by the published statements of the originator or his friends, a very different result may be arrived at. I shall advert directly to the ankle-joint operation, and will now make a few remarks on urethrotomy. The opinions which I heard respecting this procedure were various, but mostly favourable. The senior surgeon of the Infirmary, Mr. Spence, showed me several cases in his wards in which he had had recourse to it, and spoke highly as to its general merits. Mr. Syme, over and over again in the course of clinical remarks, took occasion to avow his adherence to the old creed, that "dilatation is the proper treatment for strictures," and to urge that the knife should be resorted to only when for one or other reason the bougie is inadmissible or unavailing. I was disappointed in not having an opportunity of seeing Mr. Syme perform the operation, being the more desirous to have done so, as he attaches much importance to making the section from behind forwards, whilst the usual London practice is to cut backwards, as in lithotomy. There can be no doubt but that the risk of cutting the deep perineal fascia is much greater by the latter method. Whether or not the preservation of its integrity is practically of much importance may, however, be open to some doubt. Two or three cases were brought before the class in which the operation had been performed a few weeks or months ago. In these, large instruments were introduced to demonstrate the patency of the canal. The professor stated that experience had taught him to be far more particular about the subsequent use of bougies than he had originally been. If they are disused, the stricture is very liable to relapse; and the patient should have this fact strongly impressed upon him, in order that he may not be led by the apparent completeness of the cure to entertain feelings of careless security. As to the danger indicated by the collapse, rigors, etc., which not unfrequently follow the operation, Mr. Syme also stated that he had been obliged to modify his estimate since the publication of his work. Although still holding them to be by far more alarming in appearance than in reality, yet the occurrence of fatal consequences in one or two instances had forced him to the conclusion that they were not always to be disregarded. He had noticed, he said, that cases in which perineal fistulæ had previously existed were very rarely followed by these symptoms, and, acting upon this observation, had adopted the practice of endeavouring to always keep the wound open. It was surprising how rapidly union often took place between the cut edges of the urethra. At first he had contented himself with simply tearing these adhesions away with the finger-nail, so as to freely expose the catheter; but latterly he had preferred to introduce a curved silver catheter into the bladder by the wound. It might be thought that, if this latter plan

were adopted, there would be some risk that the divided stricture might not remain open, inasmuch as it would have no part of the instrument within it. To prevent such result, Mr. Syme has contrived a straight silver tube, through the open extremity of which passes a wire noose. This is passed through the penis, and in the perineal wound the wire loop is put over the other instrument. The two are thus connected, and the patency of the whole urethra is established. The professor stated, however, that he thought the fears of closure of the stricture were to a great extent groundless, and said that he intended in future to trust to the catheter passed from the perineal wound.

In the course of his clinical address, Mr. Syme mentioned the particulars of three fatal cases which had occurred in his practice. In none of these did any perineal fistulæ exist. It would seem, therefore, that the cases which most imperatively demand this mode of relief are the very ones in which the least risk of ill consequences is encountered.—*Ibid.*

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Peculiar Condition of Hip-Joint Disease.—An instructive case of excision of the head of the femur, in diseased hip-joint, occurred a few months ago under Mr. Bowman's care in King's College Hospital. The chief point of interest was, that on exposing the parts no disease could at first be found, and some embarrassment was caused. The head of the bone rotated freely in its socket, and without any perceptible grating, while the finger could be passed round it without discovering any carious surface. The symptoms had, however, been so well marked, that but little doubt as to the diagnosis could be entertained, and Mr. Bowman accordingly continued the examination, until at length, an opening into the capsular ligament was found. On enlarging this, and turning out the head of the bone, the latter was found wholly denuded of cartilage, but so protected by soft granulations, that no grating had been perceived. The diseased part was sawn away, and the girl, subsequently, made an excellent recovery.

We notice this case, because it has occurred to us on two previous occasions, to see much embarrassment caused by finding a precisely similar state of things after cutting through the soft parts. They are cases in which the opening in the capsular ligament is very minute, and in which that structure has, in an unusual degree, retained its integrity. In one, the surgeon so far doubted his original diagnosis, as to desist from the operation, fearing, that if he went on with it he should have the annoyance of opening a healthy joint. No opportunity occurred for dissection of the parts, but there is every reason to believe that the head of the bone, as in Mr. Bowman's case, was extensively diseased.—*Med. Times and Gaz.*, Sept. 4, 1858.

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Excision of Two Knee-joints.—As the operation of excision of the knee-joint has, to some extent, replaced amputation of the thigh, we have not thought it necessary to report all the cases in which this operation is now performed. At King's College Hospital it is stated that amputation has become a rare proceeding, excision of the joints being preferred to removal of the limbs. On the 14th instant, we saw two knees and one hip-joint excised by Mr. Fergusson. The first of the knee cases was the right joint of a young man who had suffered from disease of this articulation for the last four or five years. The symptoms were not very acute in the earlier stages; but within the last twelve months the pain had been extreme, and the sufferings of the patient were so severe that he was induced to seek relief. It did not appear to Mr. Fergusson at first to be an urgent case, but subsequently the pain in the joint increased, and considerable effusion took place into the articulation, which indicated severe inflammation. Acute œdema of the leg also occurred. A few days before the operation, he had made a puncture into the joint without any good effect. Excision was, therefore, resorted to, and a slice of the tibia and condyles of the femur removed. The patella was at the same time taken away. The disease was found to be even greater than there was any external indication of, but was limited to the surfaces of the femur and tibia, slightly affecting the patella; in all probability, it had at first commenced in the synovial membrane, and thence spread to the cartilages. In these cases, Mr. Fergusson now considers it best to take away the patella, as he does not believe that the retention of that bone adds strength to the joint, and the cure in many cases has, perhaps, been more protracted from its having been left, as was particular-

ly illustrated in a case lately under our observation, in which, when that bone was subsequently removed, the cure became very rapid. The limb was carefully adjusted in a splint before removal of the patient to the wards, the flaps of the wound having been first brought together by means of silver-wire sutures.

The second case was that of a little boy, whose knee-joint was much enlarged, associated with disease of the synovial membrane and articular cartilages, which had existed uninterruptedly since his birth, having undergone various methods of treatment with no good result. A modification of the usual operation was adopted in this case, the diseased surfaces of the joint, together with the affected patella, being removed through the opening formed by a single line of incision right across the joint, thus avoiding an H incision, as in the first case. Rather more of the femur was taken away in this instance. There were the remains of an abscess in the upper part of the tibia, which had pointed into the calf of the leg. Silver-wire sutures were also applied in this case to bring the lips of the wound together, and the limb was placed upon a splint.

On inquiry, we learn that both cases are going on favourably.

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Excision of the Elbow.—One of the most typical cases of disease of the elbow for the judicious employment of resection presented itself to notice lately at Guy's Hospital. The left elbow of a lad between sixteen and seventeen years of age had become swollen by the infiltration of the tissues with that gelatinous substance so commonly met with in certain diseased joints, causing it to resemble in shape a small leg of mutton. This appearance is, however, more indicative of strumous disease. The disease here had commenced about eighteen months ago, and had involved the cartilages and synovial membrane, extending in two or three places to the osseous structures, especially in one part of the shaft of the ulna, which was found to contain, during the performance of resection by Mr. Birkett, on the 17th of August, a small cavity filled with strumous deposit. There were three openings in the vicinity of the joint—one above, one to the inner side, and one to the outer side, the last being upwards of an inch in diameter. Excision was performed by means of a single longitudinal incision, which is now found very much to facilitate the process of healing. The quantity of plastic matter around the joint was very great, extending even within the articulation. Mr. Birkett removed the ends of all the affected bones, taking away a second piece of the ulna, and the flaps were well brought together by means of strips of wet lint. Not a vessel required ligature, and we learn that up to the present moment the lad is doing well.

Of all the joints, the elbow is, perhaps, the most frequently submitted to resection, and, as a rule, is followed by success, which is very gratifying to the surgeon. Good motion is usually obtained if a sufficiency of the joint is taken away.

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Congenital Vesical Calculus.—We have often heard the question asked, is stone in the bladder ever found as a congenital affection? This has particularly occurred when a very young child, under three years of age, who has had irritability of the bladder and other symptoms more or less indicative of stone from, we may say, the hour of its birth. The records of surgery, however, scarcely refer to the subject; and very few examples indeed, if any, of congenital calculus have been placed upon record. The urine of infants has occasionally been observed copiously abnormal with actual deposits of uric acid, partaking sometimes of the character of gravel, which would lead to the conclusion that a stone may form before birth. Mr. Coulson remarks, in his work *On Diseases of the Bladder:* "It is certain that uric acid gravel is very frequent in children under some circumstances; and it is known that calculi have been found in the bladder even at the time of birth." He, however, does not mention any specific instances in any of his writings. But that stone is found to exist in the bladder of the newly-born infant, *cæteris paribus*, we think few will be inclined to deny at the present day, although there are so few published instances.

At Guy's Hospital, on the 10th instant, Mr. Cooper Foster cut two children for stone in the bladder; one of these was a little boy, two years and a half old, from whose bladder he removed a small, flat calculus, the size of a French bean; the other was a male child, four years and a half old, with distinct symptoms of calculus, clearly traceable to the period of his birth.

The stone removed from the latter was pretty large, being fully the size of a pigeon's egg, and no doubt had taken a long time to form. From what was stated by Mr. Foster, we are disposed to believe with him that a small stone was present in this child's bladder at birth, and this accounted for the irritability of the bladder and acid urine at that time, which has continued uninterrupted to the present time.

At the Royal Infirmary for Sick Children, during the last year, Mr. Foster performed lithotomy on seven young children; in one of these, a child five years old, he could distinctly trace the symptoms of stone from birth, and he believes it quite probable that the stone may have existed before birth, as in the child four years and a half old just operated upon.

As relating to this subject, we may here refer to an example of infarction of the tubuli uriniferi of the kidney of an infant with uric acid salts, which was exhibited before the Medical Society of London in October, 1856 (*The Lancet*, vol. ii. 1856, p. 434), by Dr. Willshire. The kidney was taken from a child who died *in partu*, after having breathed. If renal infarction would thus commence before the child's separation from the mother, even although it had breathed, there is no reason against its occurrence before birth, although it was not observed in 113 dead-born children, as mentioned by Dr. Willshire.—*Lancet*, Aug. 28.

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Accidental Depression of the Lens, and Subsequent Amaurosis.—Mr. Dixon the other day removed an eye at the Ophthalmic Hospital, the condition and history of which were exceedingly interesting. The patient, a man of forty, had come under care on account of muscæ and failing vision in the right eye, and stated that for twelve years back he had been quite blind of the left. On looking carefully into the left, Mr. Dixon found that the lens had been depressed, and was visible below the pupil. On inquiry, it turned out that the man had received a blow on the eye twelve years ago, prior to which his sight had been good, and within a few weeks of which it had been wholly lost. As the fellow eye was evidently suffering, extirpation of the amaurotic globe was advised. It was performed in the usual manner, and the soft parts quickly healed. On dissection, the lens, in its capsule, was found lying on the retina, just behind the ciliary processes, and attached by some thin films of membrane both anteriorly and behind. The vitreous was as fluid as water. The retina was not detached, but had almost wholly lost its normal structure. Mr. Dixon remarked on the case, that it was of much interest, as showing the injurious influence of a depressed lens upon the delicate structures on which it is made to rest. In many cases of artificial depression, as formerly adopted, the object of the operator, he observed, was, fortunately, not wholly achieved, and the lens being displaced from its capsule, underwent more or less of subsequent absorption. In this instance, however, its capsule had retained its integrity, and had prevented any absorption of the lenticular substance. —*Med. Times and Gaz.*, Sept. 4, 1858.

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Total Absence of the Iris consistent with Excellent Sight.—A woman, aged 37, has been attending, under Mr. Dixon's care, at the Ophthalmic Hospital for some time past, in whom both irides appear to be wholly wanting (irideremia). The reason for her now seeking advice is that for several years past her sight has been failing from increasing opacity of the lens, and more latterly from chronic keratitis also. The fact of most interest in her case is, however, that, prior to these changes, her sight, contrary to what might have been expected, was perfectly good. She states that she went to school and learnt to read easily, being able to read the smallest print as well as others could. Even sun-light never annoyed her materially. After leaving school, she was able to fulfil all the duties of a domestic servant, and did so for many years. Fourteen years ago, her sight failing so much that she could not do needle-work, she left her place, and has since, until within a few months, gained her livelihood as a charwoman. She is a delicate-looking woman, and says that she has never enjoyed good health. The eyes are small, and she has a habit of keeping nearly the upper half of the cornea always covered by the lid. At present, a diffused opacity of each cornea makes examination by the unassisted eye difficult. There is a white speck on the centre of each lens, and such a peculiar blue-black does the iridal area present that it might easily be fancied that this speck represented the obliterated pupil, and that

a thinned-out and adherent iris were really present. The ophthalmoscope, however, clears up all doubt. It is by its aid at once seen that not a trace of iris exists, as the whole circumference of the cornea is vividly lit up. Streaks of opacity are seen in the lens, and its condition, combined with that of the cornea, are sufficient to prevent the optic entrance and other structures in the fundus of the globe from being clearly seen. Mr. Dixon remarked upon this case that it seemed to explain why examples of irideremia are so extremely rare in adults, while they are not unfrequently noticed in children. It would appear that the sight is such that no occasion for seeking advice exists. In this instance, the woman would never have applied had it not been for the advancing disease in her lens and cornea The rationale of the connection between the existence of the white speck on each lens and the absence of the iris it is not easy to give. Both are, no doubt, congenital abnormities.—*Ibid.*

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Present Prevalence of Severe Forms of Ophthalmia.—Mr. Dixon remarked to his class the other day, at the Ophthalmic Hospital, that he thought he had never before observed so great a prevalence of severe forms of ulceration of the cornea, etc., as during the last five or six months. Cases which, at the first visit had appeared but slight, had, on several occasions, assumed within a few days a most threatening character, and that too in adults not very apparently in bad health. It seemed as though great feebleness of power had marked the outbreaks of disease. In not a few cases perforation of the cornea had taken place with great rapidity, and under circumstances which had not at first excited apprehension. Many cases of pustular ophthalmia had also been unusually severe. Mr. Dixon said his observation on this point applied equally to private and hospital practice; and we believe that the recent experience of other ophthalmic surgeons is fully corroborative of it.—*Med. Times and Gaz.*, July 10, 1858.

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CLINICAL LECTURE.

Clinical Lecture on Treatment of Obstinate Strictures of the Urethra by External Incision.—Delivered before the members of the British Association. By James Syme, Esq., Prof. Clin. Surg. in Univ. Edinburgh.

The next point to which I wish to direct your attention is the remedy of obstinate strictures by external incision. There can be no doubt that dilatation, when practicable, is the best means of treating strictures; but there are cases which, from their extreme tightness, render the process very tedious and difficult; others that are so irritable as to prevent the introduction of instruments; and a third sort have such a tendency to contraction that no permanent advantage can be obtained in this way.

I saw to-day a case which afforded a good example of dilatation being insufficient to afford relief. A gentleman from Devonshire applied to me, six years ago, under the following circumstances: After spending twenty years in the military service of the East India Company, he had gone to London, suffering from a stricture of long standing, and placed himself under the care of a late eminent surgeon, who tried dilatation in vain, and declared that he might with an equal prospect of success attempt to pass bougies through a deal board. The patient then inquiring what was to be his probable fate, received for reply that, with care, he might be able to struggle on for five or six years; and upon expressing some disappointment that at the age of forty his prospect of life should be so brief and unsatisfactory, was told that he ought to consider himself fortunate, as many men did not live so long. Curiously enough, the patient did go on for six years, without further interference, but then found his existence so miserable, from frequent attacks of fever and retention of urine, that he resolved on applying to me.

I found a very tight stricture, but passed a bougie through it and completed the dilatation to its full extent without any interruption or the slightest disturbance, either local or constitutional. Colonel ——— then went home, and remained well for a considerable period. He then began gradually to suffer from a return of the disease, and last year came back to me with the contraction no less tight than it had been originally. I again completed the dilating process, although not so readily or so free from feverish attacks as upon the former occasion, and was not much surprised to learn that very soon after going home, he had again suffered from recurrence of the

symptoms. He then happened to have business in London, and there applied to a practitioner who at present happens to occupy a prominent position. This person repeatedly tried in vain to pass instruments, and the patient therefore saw no prospect of relief except from another journey to Edinburgh. Now what was I to do in these circumstances? No doubt I could have dilated the passage again, but how long could the benefit so afforded be expected to last? and was it possible that this gentleman should every six weeks or two months perform a journey from Devonshire to Edinburgh. I felt it my duty to divide the stricture by external incision, and although a bougie has been introduced only once during the twelve months that have elapsed since he went home, I have to-day passed an instrument of moderate size into the bladder without any difficulty.

I may now show you another patient, whose case not only affords a good illustration of the advantage attending division, but is also of great interest in regard to the pathology of fistula in perineo. This man had suffered for many years from stricture, and managed to maintain evacuation of his urine by passing a bougie, but at length, labouring under complete retention, was admitted into the hospital, where we found that an abscess had formed in the perineum. I opened this abscess in the presence of my clinical pupils, and pointed out to them that the contents were entirely purulent, which they would not have been if the usual explanation were correct—that such collections result from infiltration of urine through ulceration of the urethra; at the same time explaining, as I have long been accustomed to do, that the stricture acts merely as a source of irritation; that the abscess in the first instance has no communication with the urethra; and that the fistula or passage for the urine is of secondary formation, through giving way of the septum between the abscess and urinary passage. Accordingly in this case more than three weeks elapsed before the urine escaped by the fistulous opening, which we then endeavoured to close by dilating the stricture; but although instruments of the full size were passed regularly every three or four days during seven weeks, no improvement could be perceived. I then resolved to divide the stricture, and you now see that while the perineum is perfectly sound, an instrument of the largest size can be passed without encountering any obstruction in the urethra.

The object which I have chiefly in view at present is to explain a source of danger attending the operation that did not originally occur to me, and of which indeed I only lately became fully aware. In performing an operation upon the living body, we are not in the condition of a blacksmith or carpenter, who understands precisely the qualities of the materials upon which he works, and can depend on their being always the same. The varieties of human constitution must always expose our proceedings to a degree of uncertainty, and render even the slightest liberties possibly productive of the most serious consequences; so that the extraction of a tooth, the opening of a vein, or the removal of a small tumour, has been known to prove fatal. Then it must be admitted that the most experienced, careful, and skilful operator may commit mistakes; and I am sure that there is no one of the gentlemen present who can look back on his practice and say he has never been guilty of an error. But, in estimating the value of any surgical procedure, we must beware of confounding the effect properly belonging to it with those that result from faults on the part of either the patient or the surgeon. Cases of the latter kind can never promote the improvement of our profession, or serve any higher object than supplying food for the morbid craving of ignorance and malevolence. It is therefore to the former that I wish to direct your attention.

In originally proposing the operation, I proceeded under the impression that the only sources of danger were hemorrhage and extravasation of urine, and that if the incision were made in the middle line, there could be no possibility of injuring an arterial branch, while the introduction of a catheter would insure a safe exit for the urine. The procedure might thus be deemed absolutely safe. I have accordingly never seen extravasation beyond a little infiltration of the scrotum; and as to the hemorrhage, I seldom find it amount to more than one or two teaspoonfuls at the time of the operation. In young, plethoric patients, there is sometimes, in the course of some hours afterwards, a farther flow, even to the extent of several ounces, from the corpus spongiosum, but this may be arrested by the slightest

pressure of lint introduced between the edges of the wound. The only serious case of hemorrhage I ever met with was in the case of a gentleman of about sixty years of age, from the west of England. About a week after the operation, when all seemed right, he began to bleed from the urethra. I then reintroduced the catheter with good effect for a few days, when the hemorrhage returned, and proved so serious that I opened the wound, and tied an arterial branch, with the effect of finally putting a stop to the bleeding, and the patient is now in good health. What this vessel was, or where it came from I do not know, but I am quite sure that it had no business there, in accordance with the ordinary structure.

I advanced to between eighty and ninety cases without a single fatal result, and to show the value of statistics, may remark, that if I had stopped here it would have been perfectly legitimate for me to maintain that the procedure was entirely free from risk. It is true that alarming symptoms were by no means rare, since every third or fourth patient suffered from rigors, vomiting, delirium, or suppression of urine, but as they passed off in the course of twelve or twenty-four hours, I had come to regard them as rather curious than alarming, and as merely the result of some harmless commotion of the nervous system. At length a very distressing case gave me a different view of the subject. The patient suffered nothing from the operation; had the catheter taken out on the second day; was quite well on the third, and on the fourth was lying dressed upon a sofa in the best of spirits. In the afternoon of that day, during the act of micturition, he felt an acute pain in the perineum, and in walking from one room to another, fell on the passage so as to graze his forehead and the outer side of his knee; at the same time he had a violent rigor, followed by quick pulse and great pain in the injured parts. As the urine passed freely and entirely by the urethra, I expected that these symptoms would soon subside, but they continued, and went on to suppuration of the knee, with destruction of the eyeball, and terminated fatally at the end of several weeks. I felt quite unable to account for this case until the following one gave me additional light on the subject: The patient suffered nothing from the operation, which was of the simplest kind, and as he did not complain at all of the catheter, was allowed to retain it three days. When it was then removed, he expressed perfect comfort, and afterwards wrote to his friends at home the most satisfactory accounts of his progress. At three o'clock of the afternoon he passed urine, and felt some pain in doing so, which was attended with a slight discharge of blood. Immediately afterwards he had a violent rigor, followed by delirium and insensibility. There was no pulse, no secretion of urine, and he died the next day. On examination there was not the slightest trace of urinary extravasation, or any other sign of local mischief; but the kidneys were gorged with blood to an extreme degree; and it was plain that death had resulted from a sudden shock to the nervous system.

In endeavouring to account for this effect, I recollected that the symptoms of disturbance were always connected with micturition after withdrawal of the catheter; and I also recollected that in all my practice, private as well as public, I had never, even in a single instance, encountered any bad effect of the kind in question, when there was a fistula in perineo. It, therefore, occurred to me, that the cause of disorder must proceed from the action of urine upon a raw surface, produced by tearing of the imperfectly united wound in the urethra. Under this impression, I thought that safety might be insured by preventing the wound from healing through frequently introducing the finger, so as to touch the catheter, and treated a number of cases on this principle with perfect success. But the tendency to union between the cut edges of the urethra is so strong that I sometimes found it necessary to use a little force in exposing the instrument; and upon two occasions of my doing so, the same deadly symptoms supervened that it was my object to prevent. I therefore resolved to obviate the danger more effectually by introducing a short catheter by the wound in the perineum, and my principal object at present is to recommend this plan for your adoption. The instrument you see is about nine inches in length, slightly curved in opposite directions at its extremities, and having a couple of rings just behind the anterior bend for securing it in its place. In addition to the great advantage of affording perfect security, this catheter is much less irksome to the patient than the one hitherto in use, and cannot, like it, produce any bad effect by pressing upon the coats of a contracted bladder. It may

be supposed that from not distending the urethra at the seat of stricture there may be inconvenience from contraction; and to obviate this, I used in some cases this flexible bougie, having a loop of thread at its extremity, which being protruded from the wound, allowed the catheter to slip through it, and so distend the canal. But this complication, I am inclined to think, is quite unnecessary, as the absence of it has not led to any practical inconvenience.

It has been frequently and very incorrectly said that I maintain the possibility of passing instruments at the first attempt in every case of stricture. I never did so, although it is true that during thirty years' practice I have never found it necessary, either in public or in private, to puncture the bladder on account of retention of urine from stricture; but in many cases I have required repeated and careful trials before being able to pass a bougie through the contracted part, my maxim always being, that if the urine gets out, an instrument, through time, care, and patience, may be got in. If, indeed, the canal has become obliterated by the effect of external injury, the state of things is different, and then the ordinary procedure is no longer applicable. I communicated to the Medical and Chirurgical Society of London a mode of overcoming this difficulty, which seems much more eligible than the old plan of cutting on the point of an instrument at the seat of obstruction. It was to pass a curved director, with its groove upon the concave side, through the fistulous opening into the bladder, which may always be very easily done, and then to push down upon it the instrument employed for guiding the incision in dividing strictures, so that the narrow portion of it is forced through the obstructing texture exactly in the proper course of the urethra, and thus conducts the knife with certainty in the proper direction. I had lately an opportunity of learning that one of the two cases mentioned in that communication remains perfectly sound and well. The young man now before you affords another example of this plan proving successful. He came from Halifax, in Yorkshire, on account of a fistula in perineo, through which every drop of his urine had passed for five months, since the receipt of an injury by falling astride on a beam of wood. On examination, I found the urethra completely obstructed, and therefore performed the operation just described, with the effect, in six weeks' time, of restoring him to his present state of comfort. He now passes his urine in a full stream entirely by the urethra, and is going home with the prospect, I trust, of enjoying good health.

In connection with this subject, I may notice a curious case that was lately sent to me by a gentleman now present, Dr. Roberts, of St. Asaph. The patient was a gentleman of about thirty-seven years of age, who had suffered long and severely from stricture, with fistula in perineo. In passing a small metallic bougie, I felt a hard substance behind the contraction, and, from my recollection of a similar case, at once recognized it as a piece of bone. Without delay, the stricture was divided, and these four small bodies removed. The largest has the size and form of a pea, the others being smaller and of an irregular figure. The largest one distinctly shows the osseous characters, but the smaller ones require a microscope for their detection. Urinary concretions are frequently met with behind a stricture, but exfoliations are hardly to be looked for in this situation, and can be accounted for on the present occasion only by the patient having in childhood suffered from disease of the pelvic bones.—*Lancet*, Aug. 21, 1858.

SANITARY SCIENCE AND HYGIENE.

State of the Public Health in Great Britain. Public Hygiene.—It is impossible to exaggerate the importance of the following remarks from the last quarterly return of the Registrar-General:—

107,193 persons died in the three months of April, May, and June; the deaths were at the rate of 1178 daily.

The mortality rate prevailing was 2.206 per cent. or 22.06 in 1000. This is slightly below the average rate, 22.25, of the ten preceding spring quarters.

The average death rate of the sixty-three least unhealthy districts is 17 in 1000; and the mortality of England, corrected for age, should be $16\frac{1}{3}$, but the actual rate in the quarter was 6 in excess of this rate. The 27,355 deaths in excess are principally deaths from various kinds of poisons, and are therefore properly designated Unnatural Deaths.

Upon dividing the population into two portions, (1) the 8,247,017 people living in rather close proximity to each other, and (2) the 9,680,592 living much further apart, the result, as shown in the annexed Table is, that the mortality in the dense districts was at the rate of 24.73—nearly 25 in 1000; while in the other districts over which small towns and villages are distributed, the mortality was at the rate of 19.68, nearly 20 in 1000 of the population.

In the town districts the rate of mortality was 8, in the rest of the country 3, in 1000 above the rate which actually rules in comparatively healthy districts. Of the 27,355 unnatural deaths, 18,668 took place in the large town districts, 8,687 in other places.

Now in England and Wales the town population is increasing much faster than the population of the rest of the country, and the question is therefore becoming every day graver: How is the health of the nation to be sustained in the midst of the new dangers which millions of its people are encountering?

In the last spring quarter, while the mortality of the country districts decreased, the mortality of the town districts rose to 24.73, the average of the preceding ten years having been 23.94 in 1000. This was probably due partly to the reduced earnings in the towns, to the scarcity of potatoes, and to the intense heat, which accelerated the putrefaction of organic refuse in the houses, streets, ditches, and rivers.

Is the actual mortality of cities inevitable? The Turks reply in the affirmative. Many of the cities in Europe in which the death rate ranges from 30 to 40, acquiesce quietly in their fate; and in England, where we have adopted another course, it has been, not without some show of reason, asserted that the unnatural deaths in towns are the penalties of civilization. But what is civilization? If it consist simply in the aggregation of families on limited areas, without arrangements to meet the exigencies of their new position, it will ever have heavy penalties to pay. Uncleanliness is, however, not a consequence of civilization; it is a relic of barbarism. The people of districts living in England wide apart experience generally a low mortality, and the mortality increases in proportion as their dwellings are brought into closer proximity. People remaining the same, and indulging in the same habits, collected from their scattered habitations into a camp, and kept in that camp for some months, suffer from diseases, and are ultimately decimated by epidemics. Our towns were no better than uncleansed camps in the middle ages: and London in the seventeenth century lost 50 in 1000, or, including the plague years, 80 in 1000 of its inhabitants annually. The black death, sweating sickness, and plague followed each other in succession. The mortality of London was reduced to the rate of 29 in 1000 at the beginning of this century;[1] civilization advanced, and in the fifteen years 1840–54, the rate further fell to 25,[2] still remaining 10 in 1000 above the calculated healthy rate for London. As Athens in ancient story had to send seven of its youth, chosen by lot, to be devoured, so London has hitherto given up *ten* of every thousand of her inhabitants yearly to disease and untimely death. All the towns of the kingdom in the aggregate gave up proportionally this number of victims in the last three months. They were not destroyed openly. The poison by which they died was not purchased in chemists' shops. It was administered in the silence of the night, and in the streets at noonday, either with the air they breathed, or with the water they drank.

The poison is generated by the decomposition of effete organic matter, which gives off diffusible and dangerous products, wherever it is left beyond a day in the houses, streets, and neighbouring ditches or streams, instead of being lodged in the disinfecting earth.

It can easily be shown that the mortality bears a certain proportion to the quantity of the poison which the people inhale; and that the quantity is greatest under the cesspool system, which formerly prevailed in London, and is now in use in the French, German, and Italian towns. The mortality has gradually fallen in London as the cesspools have been abolished; it is still high in foreign cities where the cesspools are in use. In Manchester, where the dirt is allowed to decay behind the houses, and is

[1] See McCulloch's Statistics of the British Empire, vol. ii. p. 613.

[2] The people in early and middle life are so numerous in London, owing to the excess of births and immigration, that the mortality should be 15 in 1000 to be at the several ages, at the same rate as it is in the healthy districts, where the mean lifetime is 49 years. The corrected rate of mortality is 20 in 1000, and the actual uncorrected rate in these districts is 17 in 1000.

not thrown into sewers, the mortality was at the rate of 33, in the years 1841–50; in the foreign cesspooled cities the mortality ranges from 30 to 44 in 1000.

Of 1000 people in London, *ten* died unnatural deaths annually; and to make the view of the facts clear, let it be assumed for a moment that into the causes of *four* deaths no inquiry is now made, that *three* are killed by the poisonous emanations from cesspools, closets, and sinks in dwelling-houses, offices, and workshops, that *two* die of diseases induced by the emanations from dirty streets or gullies, and *one* from the vapours arising from the Thames. Here evidently a great step is gained by the water system superseding the cesspool, as the noxious matter is projected into the sewers under the streets, and is partially oxidized. If the cesspools, therefore, are everywhere abolished, and the house is purified, the mortality, on the above hypothesis, will be reduced to the extent of 3; while if the corrupt sewer air in the sewers be carried above the chimneys beyond the reach of the lungs, *two* more lives will be saved; and if the water and banks of the Thames are no longer the final repositories of the town guano, *one* more life will be saved. These numbers are adopted, not as expressing exact results, but to fix attention on the fact that the impurities of London are the main causes of its insalubrity; and that in their fatal effects they may be classed in this order: (1), impurities of dwellings; (2), impurities of streets and gullies; (3), impurities of the Thames.

The progress of sanitary measures in London has hitherto resulted in the removal of the impurities from the dwelling-houses into the sewers and the Thames, and this enables us to understand how the mortality had declined as the Thames has grown fouler. It also enables us to understand how the mortality of London is lower than the mortality of many other cities.

The wise policy of substituting streams of water for cesspools is fully confirmed; and experience has shown that the town guano is less hurtful in the sewers and in the rivers than in the dwellings of the people. It is only when the supply of towns is drawn from the rivers saturated with foul organic matter that the people are poisoned in great numbers by water. The vapours of the Thames, noxious as everybody possessed of common sense has now learnt to consider them, are less heavily laden with poisonous exhalations than the vapours of cesspools and sewers. The practice of laying on water, and of abolishing cesspools should therefore be actively continued. At the same time steps should be taken to destroy or to deliver the exhalations of the sewers into the higher stratum of the atmosphere, where they would be partly destroyed, and would not be breathed, as they are now, undiluted. The Thames itself must be purified. Our present imperfect system of sewers admits of readjustment; but the country can never rest satisfied until the water which is distributed through its dwellings carries away all the town guano to fertilize the land, from which its materials were derived. Any other solution of the sewage question is provisional.

Exact observation for twenty years in every district of England and Wales places the question fairly before the country. Impure air is destroying the health of the people. The atmosphere in which they live can be purified by restoring the town guano to the fields. This involves a large immediate outlay; but the expense is not beyond the means of England. It will not exhaust the resources of a nation which freely devoted eighty millions sterling to resist the encroachments of Russia on the Turkish empire; which maintains a squadron on the coast of Africa in the hope of diminishing the slave trade; which proposes, after conquering, to govern, perhaps to civilize India; and which has now a fleet on the other side of the globe, opening the Chinese empire to the enterprise of the world. If capital is sunk freely on these vast distant objects in the hope of realizing returns, it will not fail when it is required to purify the air Englishmen breathe at home; for the investment will be profitable to all living men, and will confer blessings on all future generations. And if the national honour was concerned on the shores of the Black Sea, in the Baltic, on the coast of Africa, in India, in the Chinese waters, in the presence of the enemy, is not the honour of England also concerned when the lives of her children are in peril, and no arm is stretched out to save? Can our towns strike their colours to their own accumulating dirt, and avow that they are vanquished, without ignominy? England is in sanitary science and art taking the lead in Europe, and teaching important

lessons to all nations. But the work must be consummated. The mortality must be reduced. The people must be animated anew by the energies of health. And public men will find that some glory may be gained by saving life—by great sanitary works. Honour will crown those who rescue the English race from pain, sickness, and degeneracy. They will forever enjoy the satisfaction of having done their duty.—*Med. Times and Gaz.*, Aug. 7, 1858.

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Injurious effects of Underground Kitchens.—Dr. F. J. Brown, in an interesting article in the *Sanitary Review* (April, 1858), remarks, "that the basement story should be used only for cellar purposes, and not be divided into kitchens. The reasons are twofold, namely: (*a*) the darkness and damp to a certain degree inseparable from subterraneous apartments; and (*b*) the exhaustion occasioned to those that occupy such kitchens by the frequent ascent and descent of stairs.

"First, as to the effects of darkness and damp on the human body. Light is requisite to the colour, firmness, strength and vigour of the body, and to the activity and cheerfulness of the mind. The more abundant the light, and the more direct that it is from the sun, the more decidedly are these good effects experienced. Light that is reflected has different properties from that which is direct. The actinic properties of sunlight are lost by reflection. Thus light that is reflected from a wall has but little value, compared with that which shines into a room direct from the broad face of heaven. The direct rays of the sun, then, are necessary to bodily and mental vigour. Those that live deprived of the sun's rays, feel a craving for stimulants such as is not experienced by those dwelling on open lands. Damp earth withdraws from the body its normal proportion of electricity, and thus occasions disorders that depend upon diminished nerve force. These are ague, neuralgia, certain forms of rheumatism, epilepsy, chorea, and asthma, with some other affections, such as dyspepsia.

"The servant girls of London exemplify remarkably well these evil effects of damp; also the injurious results of deprivation of the solar rays. Their etiolated condition, and their breathlessness, show the anæmia (the impoverished state of blood) under which they suffer, and the functions peculiar to women are carried on imperfectly, or are absolutely suspended; hence the headache, the pains in the side, the palpitation and the dropsical ankles, so frequently witnessed in this class. These circumstances are well known to the profession, and are especially familiar to those members who practise in the metropolis. Organic disease of the heart is originated by these causes in some instances.

"The unhealthiness of underground tenements is shown by the statistics of the city of Liverpool; the subterranean inhabitants being in a much worse sanitary condition than the supraterranean population.

"Thus, then, the effects of darkness are disease, and not merely delicacy of structure; and the morbid condition is aggravated by the damp that is associated with the darkness.

"(*b*). The next consideration is the exhaustion attendant upon the frequent ascent and descent of stairs. The necessity of answering the front door, and of ascending to the upper part of the house in the performance of domestic duties, obliges the servant to undergo much fatigue in running up and down stairs. The carrying of a burden up stairs is attended by a very much greater expenditure of strength than is the case in carrying it along a level. Girls that are breathless, owing to their anæmic condition, and oftentines dropsical about the ankles, cannot afford the increased exertion that the circumstances necessitate; it is torture to them.

"The value of land in London causes houses to rise vertically rather than to increase in dimensions horizontally. The same reason, namely, high value of land, is slowly but surely operating on the style of building in country towns. It will inevitably, if persisted in, bring about an approximation in the death-standard between the towns of small size and the great urban populations of this country.

"It is the duty of physicians to point out the evil effects of subterranean apartments, and to impress upon the minds of builders, and upon the public generally, the injurious consequences of damp, dark kitchens, so placed that a multiplicity of stairs must be used in the performance of daily domestic duties.

"Besides these ill effects upon women, the children are apt to meet with accidental falls down the stairs, and to harass their mothers

by the watching necessary to prevent such accidents. Darkness and damp produce unfavourable effects upon growing children; and scrofula, and rickets, and consumption, and swelled bellies, are the result.

"In the name, then, of humanity, let a stop be put to this sepulture of human beings, and to this treadmill exercise of women rendered weak and blanched by their premature interment."

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Yellow Fever in Southern Cities.—Yellow fever is now prevalent to a greater or less extent in New Orleans, Charleston, Mobile, Galveston, and Savannah.

New Orleans.—The following table exhibits the progress of the yellow fever epidemic in New Orleans since its origin on the 20th of June:—

1st week, ending June 27, deaths from yellow fever				2
2d	"	July 4	"	8
3d	"	" 11	"	9
4th	"	" 18	"	20
5th	"	" 25	"	25
6th	"	Aug. 1	"	70
7th	"	" 8	"	140
8th	"	" 15	"	286
9th	"	" 22	"	312
10th	"	" 29	"	402
11th	"	Sept. 5	"	440
12th	"	" 12	"	472
13th	"	" 19	"	474
14th	"	" 26	"	445

Charleston.—The number of deaths from yellow fever in Charleston

For the week ending Sept.		4	was	73
"		" 11	"	103
"		" 18	"	128
"		" 26	"	88

Savannah.—Yellow fever exists to a limited extent in this city.

—

Ovariotomy.—We find in the *Pacific Med. and Surg. Journal* for April last the following notice of an operation of this kind:—

"In a case of ovarian dropsy of immense size (tumour weighed about sixteen pounds) the long incision (from sternum to pubis) was made by a physician of this city, and the tumour torn loose from its extensive adhesions, and removed entire. We learn the tumour was not injured, and is still entire. The woman died the next day.

—

The Nashville Monthly Record of Medical and Physical Science.—Dr. D. F. Wright, formerly editor of the *Memphis Medical Recorder*, and Dr. R. O. Currey, formerly editor of the *Southern Journal of Medical and Physical Sciences*, having become members of the Shelby Medical College, Nashville, have united their journals under the title of the *Nashville Monthly Record of Medical and Physical Science*, and the first No. was issued last month. The general appearance of the No. before us, as well as its contents, are very creditable, and we wish this new candidate for professional patronage every success.

—

Obituary Record.—It is with profound regret that we record the death of our young friend, Dr. Edward Minturn, which took place in this city on the 6th of September, from acute phthisis, in the twenty-eighth year of his age. Dr. M. was a highly educated gentleman, a conscientious and judicious practitioner, and honourable and exemplary in all his social relations. For some time he had been one of the physicians to the Philadelphia Dispensary, and had greatly endeared himself to his patients by his kindness, attention, and professional skill. He was also a zealous member of the Academy of Natural Sciences, and devoted most of his leisure time to scientific pursuits. His future was full of promise, and by his death the profession and science, equally with his family and friends, have sustained an irreparable loss.

FOREIGN INTELLIGENCE.

Death from Chloroform.—The *Northampton Herald* contains an account of a boy who died from the inhalation of chloroform sprinkled on a handkerchief. He had received an injury of the toe, and the chloroform was administered, in consequence of his excitement, to keep him quiet.

—

The Plague at Bengazi.—We extract the following statements from the *Gazette Médicale d' Orient:* "There is unfortunately no doubt as to the kind of epidemic which has for some time been raging at Bengazi; it is

certainly the plague. The Ottoman government received, on the 23d of July, the report of the commissioners who were sent to the spot; and this report is certainly explicit. The usual characters of the plague are thus described: High fever, wandering, prostration, vomiting, buboes, petechiæ, anthrax, the latter symptoms being less frequently met with than the former. The epidemic presents all the features of the plague, with its malignant character, its rapid course, and its spreading tendencies. The disease not only reigns at Bengazi, but has broken out in three of the four or five districts of which the province is composed. Derna, a seaport town of between 10,000 and 15,000 inhabitants, has been especially visited. Bengazi had formerly a population of 12,000 souls; at the time of the arrival of the commissioners, the inhabitants numbered barely 4000, owing to emigration and the numerous fatal cases. At least 1500 persons had been attacked since the outbreak of the disease; and 800 of these had died. At Bengazi, the disease had broken out in the course of May, and had reached its highest point of intensity towards the 20th of June, when from twenty to thirty persons died per diem. From that period, the epidemic raged with undiminished violence; and towards the middle of July, there were only eight deaths per diem, out of a population reduced to about 4000 souls. But, while the disease decreased at Bengazi, it spread to the surrounding country, especially on account of the flight of a great many inhabitants of the town who scattered themselves in the neighbouring districts. Such are the main facts which have transpired. Ample details will shortly be found in an elaborate pamphlet by the commissioners, which is said to be preparing."—*Ibid.*

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Anæsthesia by Compression.—M. Jacowski, a practitioner of Paris, has revived the practice of compression as a means of preventing pain; and in this way several instances of entirely painless extraction of teeth have been effected. The compressor he employs consists of two pads, connected by a steel spring, very much like a hernial truss. The spring is passed behind the head, and the pads are applied either within the meatus auditorius on each side, or behind the rami of the jaw in front of the ears.—*Med Times and Gaz.*, Aug. 7, 1858.

Horse-Flesh as Food.—It is said that the practice of eating horse-flesh has of late years increased considerably in the north of Germany and Denmark. It is said that in the city of Hanover alone, in the course of Whitsun week, about 2000 lbs. of horse-flesh were consumed. The number of horses slaughtered for eating in that city is between 200 and 300 a year.—*Med. Times and Gaz.*, June 19, 1858.

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Artificial Rose-Water.—M. Rudolf Wagner gives us a pretty little prescription for obtaining artificial rose-water. The products of the spontaneous decomposition of salicylate of potash are generally characterized by a strong perfume of roses. This salt is quickly obtained by decomposing salicylate of methylen (which can be bought under the name of *essence of gaulteria*) by caustic potash. In this manner, a mass of crystals, consisting of salicylate of potash, are precipitated, and the supernatant solution has a strong odour of roses. This liquid gives by distillation an *eau de roses* of a very fine quality, which constitutes a delicious perfume.—*Illustrated Inventor*, from *Med. Times and Gaz.*, March 13.

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Quackery in France.—The Tribunal of Correctional Police of Chalon-sur-Saône was a short time since engaged in the trial of Philibert Demommerot, alias the Hermit of La Rochepot, and his associate, Lefranc, for the illegal practice of medicine. Amongst the witnesses examined was a tailor at Chalon, who stated that, by the advice of the prisoners, he had in one day poured no less than ninety-six bottles of white wine over his head for the cure of neuralgia, but that it had done him no good. Mdme. Tarteau, another witness, said that she had consulted Demommerot for her sister, who had been cured; but as she had at the same time consulted a medical man at Chalon, she could not tell which of the two had been successful. Demommerot, who wrote the word "maidecin" at the bottom of his prescriptions, was sentenced to fifteen days' imprisonment and 300 fr. fine, and Lefranc 15 fr. fine, for exercising the profession of a medical man out of the department to which he belonged. The two men admitted having received, during one month's residence at Chalon, fees to the extent of 4772 fr.—*Ibid.*

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Conservative Surgery.—We have not unfrequently placed before our readers examples of diseased joints in which resection had been successfully performed—in cases, too, which many surgeons would not have hesitated to treat by amputation. Conservative surgery so far was of inestimable value in saving the limbs. Yet we must observe, that other means besides excision, will do good occasionally, and equally save limb and joint, which, perhaps, had already been condemned to amputation. In St. Bartholomew's Hospital there are several cases of diseased joint—the hip, the knee, and the elbow—which seem to be doing well under the treatment pursued. In those wherein contraction of the knee has ensued, straightening is being accomplished by the use of Ferguson'a irons and boot, as employed in the Royal Orthopædic Hospital.

There is a little boy in Abernethy ward, ten years of age, who received a blow with a poker a year ago, upon his right knee, which penetrated the joint. This was followed by inflammation, destructive disease, and ulceration of the cartilage. All the symptoms of disorganization, suppuration, &c., were present, and the leg was condemned for amputation. It, however, was reserved as an illustration of true conservative surgery by Mr. Skey, who treated the boy, so that he recovered with a bent knee. He was lately under Mr. Coote's care, who has used the boot and irons in common use at the Orthopædic Hospital, with a cog-wheel, &c., and the leg is not only straight, but the boy can walk about the ward with the

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utmost facility, and, so far as we can judge, is quite cured.

There is another child, a little girl, eight years of age, in the hospital, in whom excision of the left knee joint was contemplated for extensive disease, the result of a fall ten months before, with the formation of an abscess in the calf six weeks ago, evidently in connection with the joint. She was admitted on the 28th of April, the joint had become contracted, and the abscess spoken of formed while in the hospital; and yet under careful treatment this child has got quite fat and hearty, with a good complexion, and the limb is becoming straight under gradual extension by the same means as in the previous case.

These cases, and many others, show what can be done to save both joints and limbs; it matters not what method is chosen, so that the desired end is attained.—*Lancet*, Sept. 11, 1858.

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Excision of the Hip-joint.—A few weeks ago we recorded three recent instances of excision of the hip joint, and we will now merely refer to a fourth. A little boy was admitted into King's College Hospital with extensive and old-standing disease of his left hip-joint, with the remains of numerous old sinuses and abscesses which had apparently healed, leaving several cicatrices which had become blended into one very large one. The disease had been existing between three and four years, and he was seen by Mr. Fergusson about ten months ago, at which time he recommended resection of the joint, but the parents would not consent. The child's health, however, got very bad, his joint was quite stiff, the knee drawn up, and his condition very precarious, and his parents therefore consented to the operation, which was performed under the influence of chloroform on the 14th inst., on the same occasion as the two knee joints already described. The parts around the joint were found to be very rigid; the head of the bone was in the natural position, but the greater part of it was absorbed, the remains resting upon the cotyloid cavity, which had become filled with new material, and had no evidence of disease affecting it. The lips of the wound, which consisted of a single longitudinal incision, were brought together with silver-wire sutures, and the leg and thigh placed in an interrupted splint. The little patient has been doing well since the operation, and will probably recover with a useful limb. It is possible, in such a case as this, that the patient might have completely recovered without resection, but it would have been with a permanently stiff joint, and after a long course of illness.

There is a little girl at present in the Royal Free Hospital, under Mr. Cooke's care, with disease of the left hip-joint and the formation of an abscess over it, which has not yet burst, which, if submitted to excision in time, promises to be a successful case.

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Ligature of Both Femoral Arteries Fifteen Years ago.—There is now a man in Guy's Hospital both of whose femoral arteries were tied about fifteen years ago. He is now aged about 45, and in good health, having been admitted (under Mr. Bryant's care) on account of a fractured metatarsal bone, and not for any constitutional disease. In 1841 Mr. Morgan tied his left femoral for the cure of an aneurism in the popliteal space, and in 1843 a similar operation was required for a like condition in the opposite limb. He recovered well from both operations, and returned to his work, which is that of a ship's porter. He is accustomed to carry heavy weights on his back, and to walk with them up steps, ladders, etc. He appears to have been of average steadiness as regards his habits, being used to a fair allowance of stimulants. The occurrence of symmetrical disease of the arterial system is usually a sign of very bad augury. Excepting at an enormous premium no Insurance Society would take the life of a man who had just been cured of a second popliteal aneurism, especially if it were known that he intended to go on with his previous occupation. In this instance, as the man is after so long an interval still in good health and without any indication of thoracic or other disease, we can only suppose that the degeneration of the arterial coats was not so general as might have been expected. In all probability the nature of his laborious occupation was very influential in causing the aneurisms to appear when and where they did.

We may note that on neither side can the tibial arteries anterior or posterior be found. There is no thickening or induration of parts in either popliteal space.—*Med. Times and Gaz.*, Sept. 18, 1858.

Injecting Perchloride of Iron in Varicose Veins.—At University College Hospital, the plan generally resorted to in the treatment of varicose veins is, the passage of pins beneath the vessels, and twisted threads over the pins, which effectually produces obliteration. We saw another method put into practice recently by Mr. Henry Thompson—that of injecting the perchloride of iron by means of a small syringe, and minute trocar and canula, into the veins themselves This generally produces immediate coagulation of the blood, and such was the case in the present instance, the patient being a female about forty years of age. The perchloride was injected in four different places, and the coagulum was most distinctly felt beneath the skin. There was also one pin used, but as the varix was more generally diffused than usual, and therefore not so easy to treat by the pins, the injection was preferred. With the exception of severe pain being complained of in the groin of the affected leg, the left, some two or three days after the operation, she has gone on pretty well, and the veins are obliterated. This mode of operation has been resorted to once before in this hospital, on another patient, unsuccessfully. —*Lancet*, Oct. 2, 1858.

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Fatal Consequences following a Simple Fracture of the Forearm.—An illustration of the severity of the consequences which occasionally result from an apparently slight injury occurred the other day in a case under Mr. Bryant's care in Guy's Hospital. On Thursday week an Irish lad, aged 17, of pale and flabby appearance, but not otherwise unhealthy, was admitted with a simple fracture of the left forearm. It was at first intended to have put it up and let him return home, as there did not seem to be any cause for especial anxiety; but there chancing to be several beds at liberty, it was ultimately determined to take him in. There was considerable œdema, but no ecchymosis. The accident had been caused by a blow from the rapidly revolving "jigger" of a crane. According to custom in such cases, the limb was laid on sand-bags, and cold lotions applied, *no splints being used*. Nothing unusual occurred during the first few days. On Monday morning, however, it was observed that the œdema, which had hitherto slowly advanced, had enormously increased during the night, and had extended from the upper arm to the side. He had also been very restless. On Monday he was much worse, the whole arm being tense, brawny and cold. On Tuesday gangrene of the whole extremity was just on the point of commencing, but its progress was arrested by the death of the lad, which took place before noon. The whole duration of the serious symptoms had been but forty-eight hours. Unfortunately, no autopsy could be obtained, and the cause of this so rapid mischief, therefore, remains a mystery. There had been no signs of any internal lesion, nor had any rigors occurred to indicate the existence of phlebitis. On the morning of his death, whilst quite rational, the lad had stated that on waking in the night he had found his opposite arm also quite numb, and on trial it proved to be quite destitute of sensation.

Had such a case as this happened to a country surgeon in private practice, and had splints been employed, it is not at all improbable that very disagreeable accusations might have been made as to the cause of its untoward result.—*Med. Times and Gaz.*, Sept. 18, 1858.

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Fracture of the Base of the Skull by Contrecoup in a Child.—A child, aged 8½ years, was admitted into St. Bartholomew's Hospital on July 3d, under the care of Mr. Stanley, in a state of insensibility. It appears that he had been riding on the back of another child, who was only twelve years old, and fell on to the pavement striking his left temple. On admission, bloody serum was observed to be oozing out of his right ear. The pupils were contracted and did not act; the pulse was small, 120; the skin and respiration normal. There was ecchymosis over the left temple; no injury to the skull could be felt. The boy remained in a state of insensibility for an hour, when he gradually recovered, and next day seemed quite well. He spoke with his brother for some time quite rationally. He was ordered milk diet, but no medicine was necessary. On the following day, however, July 5th, at one P. M., he was seized with convulsions, and became speedily insensible. The pupils were dilated; the pulse 130, small and frequent; the features and tongue were drawn to the left side. He was ordered three grains of calomel every three hours; four leeches were applied to the temples,

and a blister to the back of the neck, and this was dressed with strong mercurial ointment. He sank rapidly, however, and died on July 6th.

On *post-mortem* examination, extensive inflammation of the membranes of the brain was found, and pus had been formed at the base. The convolutions of the brain were flattened from distension of the ventricles. A fracture was seen extending through the petrous portion of the right temporal bone, and cutting across the meatus auditorius internus, and the membrana tympani was ruptured. A bruise was found on the left temple, on the opposite point of the skull to the fracture.—*British Med. Journ.*, Sept. 4, 1858.

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Instance of True Ventral Hernia from Injury.—A man, aged 50, is at present under Mr. Bryant's care in Guy's Hospital, on account of a large hernial protrusion from direct rupture of the abdominal muscles. The injury was caused by a fall from a mast-head, the belly being struck in the fall upon a pump-handle. The man was admitted almost immediately afterwards, and on the right side midway between the iliac crest and the median line was found a tumour evidently consisting of extruded bowel, about the size of a large adult fist. It could not be reduced by any pressure which it was deemed warrantable to make; and as there were no symptoms of strangulation it was deemed best to wait. During the next day or two he had hiccough, but beyond this there was nothing to excite uneasiness. Ice was applied to the tumour, and opium administered by the mouth. He has now been nearly a fortnight in the hospital, and is quite free from symptoms. The tumour may be diminished by pressure, but refills as soon as the hand is removed. It is not intended to attempt anything further for its radical cure, as the aperture is evidently very large. A protecting cupped truss will probably be contrived for the man before he is discharged.

Herniæ of the kind exemplified in the above case are exceedingly rare. We never recollect to have seen an exact parallel to it. Three or four somewhat similar will be found recorded in our reports during the last few years in which ventral hernia had followed abscesses, stabs, etc., but none in which it was from direct muscular laceration.—*Med. Times and Gaz.*, Sept. 18, 1858.

Two Vesico-Vaginal Fistulæ in the same Patient—Operation—Cure.—We may fairly write of Vesico-vaginal Fistula, that it is no longer one of the surgeon's opprobria. By the use of metallic sutures and Dr. Bozeman's shield it would appear that we may henceforward consider apertures in the vaginal parietes as easily remediable as are cases of hare-lip or of club-foot. Notwithstanding an immense amount of labour and ingenious skill which had been devoted to their cure in former years by many English surgeons, yet the success obtained had been very small prior to the introduction of the two improvements above mentioned by our American brethren. Cures were very exceptional, failures and disappointment the rule. The condition to be treated was happily too rare in this country to give a large share of experience to any individual surgeon. To its great comparative frequency amongst the negro women of the United States, must no doubt be attributed in some measure the triumph which our Transatlantic confrères have gained. We say this without in the least desiring to detract from the credit which all will acknowledge to be their due. We have recorded in these reports during the past few years several instances of success by the older methods. In one, about a year ago, Mr. Luke succeeded in procuring perfect union by use of the common silk suture only, and in a second, shortly afterwards, Mr. Paget, by employing the silver wires (but not the shield) obtained a like happy result. Dr. Beck had two successful cases at the Samaritan Hospital, and some other cases occurred in private practice. Successful cases are, however, rare and exceptional. In the future, we confidently trust that we shall have to record numerous cases of cure, or even that they come to be considered not of more interest than so many hare-lip operations would be. At present, however, we are in a transition stage, and we have to put on record this week a remarkable example of success obtained by simple suture.

Mahala P., aged 26, was admitted into Guy's Hospital under Dr. Oldham's care, on June 9, 1858. She was a married woman and the mother of four children at three confinements, her first having been twins. She had enjoyed good health until subsequent to her last lying in, which took place in the preceding March. Her previous

labours had been good, but her account of the last was as follows: On March 15, when about her full time, the waters suddenly broke without any preceding labour pain. This was on a Monday. No expulsion pain followed until Friday. On Saturday evening the surgeon in attendance told her that the labour was delayed from the loaded state of the bowels, and advised the administration of an enema, which latter acted freely. The pains continued incessant until the following Monday, when as there appeared little chance of the child being born, craniotomy was resorted to. The child had been dead some time. All went on afterwards pretty well up to the eighth day, when she left her bed for a short time. During the night of the tenth day, the bladder gave way, and in the morning she found herself drenched in urine. For some days before this she had noticed the escape of "yellow matter," with burning sensations in the vagina. For the ten weeks next following, she could not retain her urine in the least, and it flowed away constantly. In June, as we have seen, she obtained admission into Guy's.

It was found on examination that there existed two distinct fistulæ communicating with the bladder. Both were a little beyond the last part of the urethra, and entered the floor of the viscus. The larger was of sufficient size to admit the tip of the little finger, the other would not do more than receive a small quill.

On June 18 the operation was performed on the larger one. Its edges having been freely denuded without removing any of the vesical mucous membrane, a single silk suture, introduced by means of a large curved needle, was made to close the wound. The only point in passing the suture worth especial notice was that Mr. Forster was careful to give it a deep hold. The patient was under the full influence of chloroform during the operation. A catheter was subsequently retained in the bladder, and she was made to lie on her face. On the ninth day the suture was cut, and union was found to be perfect. But little incontinence now remained, as the other fistula was of small size. As the bladder filled, however, the dribbling away always commenced, and a month after the first operation nitric acid was applied to the edges of the second opening in the hope of procuring its closure. No good effect was, however, produced, and it was determined to employ the suture.

The second operation was done on August 9. It resembled the former one in every respect, excepting that a silver wire suture was used instead of silk. A single suture alone was necessary. Some difficulty was encountered in attempting to withdraw it on the ninth day, and it was accordingly left in until the eleventh. The union was perfect.

The woman left the hospital on August 27 in every respect quite well.

It should be remarked that in this case the catheter was retained in the bladder, and the prone posture observed on each occasion during the whole interval between the operation and the removal of the suture. To this precaution the successful result was no doubt in a considerable measure attributable.—*Med. Times and Gaz.*, Sept. 18, 1858.

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Anæsthesia from Galvanism.—During the last week Mr. Marshall, of University College Hospital, following out the principles now so widely discussed of tooth extraction under the influence of electricity, has made some interesting observations with the view of testing the powers of the electric current to modify the sensibility of parts operated on *by the knife*. The operations, nine in number, performed under its influence, include the incising of abscesses and carbuncles, the removal of necrosed bone, and also of a fatty tumour of considerable size. The general effect has been to modify the pain of ordinary incisions, rendering the suffering less acute. In one case this effect was very striking. On some occasions, however, the pain was aggravated, apparently owing to the strength of the current employed. Perfect insensibility was never produced, and the results claim notice as those of early trials only. Mr. Marshall's first operation was performed on the 9th inst. The coil apparatus was used, one pole being connected with the knife employed, and the other placed either on the patient's neck or in his hand—the current being, of course, intermitting. Mr. Marshall has promised to furnish us with a more detailed account of these cases.—*Med. Times and Gaz.*, Sept. 18, 1858.

MEMOIR.

Report on Anæsthesia. By R. M. Glover, M. D., F. R. S. Ed., &c.

No. I.—Divisions of the Report.—1st. History of anæsthesia up to the time when the occasional danger of anæsthetic agents became established.—Re-discovery of anæsthesia in modern times.—Nitrous oxide, ether.—Fatal case of etherization.—Attempts to find a substitute.—Professor Simpson and chloroform.—Dr. Glover's experiments on chloroform.—History of chloroform.—Physiological properties first accurately stated by Dr. Glover.—Chloric ether—Anæsthetic effects on animals first demonstrated by Flourens.—Dr. Simpson's application of it in practice.

Recent fatal cases having again called public attention and that of the profession to the danger attending the use of chloroform, and the eccentric character, if I may use such a phrase, of the fatal result,[1] I have thought right to use the occasion to review some facts, not generally known, connected with the early history of chloroform, which throw some light upon the action of the substance, before stating my views of its *modus operandi*, and what appears to me the best mode of preventing its occasionally calamitous effects.

I intend to divide this report into three parts. In the first I shall trace the history of anæsthesia up to the time of the first fatal cases, when the profession was in possession of facts which could leave no doubt that the new class of anæsthetic agents was capable of relieving pain in surgical operations, in midwifery, and so forth, but that their use in certain cases was attended with great risk. In the second part I shall enumerate and briefly analyze all the fatal cases from those early ones described in the first part up to the present time, with the view of arriving, if possible, at the cause or causes of death; and in the third part I shall give what I consider the real *modus operandi* of the agents, and my views concerning the best means of averting danger, and the remedial measures to be employed where death is threatened.

1. The history of almost all inventions displays a somewhat similar character. There is nothing new under the sun. Anæsthesia was not unknown to the ancients. Pliny and Dioscorides distinctly state that the root of the mandrake has the power of throwing patients into such a deep sleep as to render them insensible to the pain of surgical operations. Towards the close of the seventeenth century a secret agent was employed to render a king of Poland insensible during the removal of a portion of his foot. But the practice of anæsthesia had completely passed away. The first person to propose its renewal in our time was Sir Humphry Davy. He says, in his remarks on nitrous oxide: "As nitrous oxide, in its extensive operation, appears capable of destroying physical pain, it may probably be used with advantage in surgical operations in which no great effusion of blood takes place." And it was with nitrous oxide that, in 1844, Mr. Wells, of Connecticut, first succeeded in removing teeth without pain, and suggested the use of this gas in surgical operations.[2] What is important is this: during the reign of ether there were a few cases where ether was supposed not to be disconnected with the cause of death. There was also the case of Mrs. Parkinson, who died at Grantham on the 9th of March, 1847, two days after the removal of a tumour, while she was in a state of partial anæsthesia; and although the *post-mortem* appearances were anything but decided, the jury returned a verdict of "died from the effects of ether." The only case, however, in which ether seems to have produced death with the rapidity in which the same result has unfortunately so often attended the use of chloroform, is one which occurred at Auxerre, in France, in August, 1847. A man, aged fifty-five, operated on for cancer, was rendered quite insensible by ether, when suddenly, just as the operation had commenced, the face turned violet and then livid; the pulse became low, and then ceased to beat; and he was found to be quite dead in ten minutes from the commencement of the inhalation. The *post-mortem* appearances were chiefly congestion of the posterior portions of the lungs, with frothy mucus in the air-tubes, which were stained of a dark colour, and darkness and fluidity of the blood. These appearances closely resemble, as will be seen, what has been often found in chloroform poisoning.

[1] The *Morning Advertiser* lately, in a leading article, called for a medical commission to inquire into the action of chloroform. What shows the extraordinary notions entertained upon the subject, the writer speaks as if the public heard for the first time of the danger of chloroform. So far is this from being the case, that it will be found that both myself and Mr. T. Wakley, from the results of our experiments, before a single fatal case had occurred, warned the profession and the public.

[2] The history of the introduction of ether, and the rival claims of Messrs. Morton and Jackson, of Boston, will be found in the *British and Foreign Medico-Chirurgical Review* for January, 1852.

While considerable discussion was being carried on concerning the merits of etherization, and especially its application to midwifery, all at once an immense sensation was excited by the announcement that a new remedy of superior power had been discovered by Professor Simpson. Many other ethers had been experimented on before this, besides sulphuric ether—as muriatic, nitric, acetic, and formic ethers. There can be no doubt that a substance of no very certain composition, but containing chloroform, had been used on the recommendation of Mr. Jacob Bell, in the spring of 1847, and that Flourens had used the vapour of chloroform on animals about the same time, as we shall immediately see. Dr. Simpson's first publication was dated November 15, 1847. Long previously, I had published an elaborate series of experiments on animals with chloroform and its allied bodies, at a time when their very names were almost unknown, and stated their physiological properties with great accuracy; and this leads me to speak of chloroform and its previous history before Dr. Simpson's application of it to practice.

According to some historical references given by the late Dr. Pereira, in the *Pharmaceutical Journal*, chloroform was first obtained by Mr. Samuel Guthrie, of Sackett's Harbour, New York, by distilling a mixture of chloride of lime and alcohol. He supposed, however, that he had only obtained chloride of olefiant gas (the Dutch liquid), or muriatic ether, by a new process. He communicated his observations to *Silliman's Journal* for January, 1832, under the title of "A New Mode of Preparing a Spirituous Solution of Chloric Ether." He said that he had used the product for six months, occasionally up to the point of intoxication; had found it very grateful, producing a flow of spirits and inclination to loquacity, without leaving behind it the depression consequent upon the use of ardent spirits; and he recommended it, mixed with an equal quantity of water, as a safe, quick energetic, and palatable stimulus. Mr. G. Black, of Bolton, in the *Medical Gazette* of September, 1833, published an article on the same substance, headed "Chloric Ether: New Remedy in Spasmodic Asthma" He calls the ether a solution of chloride of carbon in alcohol, "brought into use by our American brethren," and considers it a light and diffusive cordial likely to be of use in spasmodic and adynamic states, and recommends it in doses of half a drachm. About the same time as Mr. Guthrie, M. Soubeiran distilled a mixture of alcohol and chloride of lime, and termed the product bichloric ether. Next Liebig examined it, and, by some oversight, not finding any hydrogen, termed it chloride of carbon. Dumas, in 1834, first discovered its true chemical nature, and called it chloroform; while Liebig termed it perchloride of formyle.[1]

I was the first to describe correctly the physiological properties of chloroform and its analogous bodies, and to assign them their true place; and my experiments have a direct bearing upon the question as to the mode in which chloroform acts. These experiments were first published in the *Edinburgh Medical and Surgical Journal* for October, 1842, and were reprinted in the *Lancet* for February, 26, 1848; also in the *Medical Gazette*. They are to be found as part of a work on the physiological and medicinal properties of the whole group of chlorine, bromine, and iodine, and their compounds, and the relations which these bear to the chemical properties of the same. My great object was to test the truth of the great law, viz., that the chemical and physiological properties of bodies are closely related; and, taking up for experiment the least known of the remarkable group which formed the subject of my paper, I was particularly led to test the properties of chloroform and its analogous bodies, then almost unknown. The chapter is headed "Physiological Properties of Chloride and Bromide of Olefiant Gas, of Chloroform, Bromoform, and Iodoform."[2]

The following are the general conclusions arrived at:—

"*Remarks.* — Great resemblance exists amongst the properties of this class of bodies, which appear to form a new order of poisonous substances, uniting in themselves physiological properties which are not found united in any other class of poisons. The distinguishing characteristics are—first, the remarkable power which they possess of obstructing the pulmonic circulation, whe-

[1] Chloroform, bromoform, and iodoform are analogous to formic acid, each of these having three equivalents of chlorine, bromine, iodine, or oxygen, added to the radical formyle, which is C_2H. Thus we have respectively C_2HCl_3, C_2HBr_3, C_2HI_3, and C_2HO_3.

[2] The general resemblance of the group is first pointed out; all may be used as anæsthetic agents except iodoform, on account of its solidity. Chloroform is then selected, as the most remarkable, as a specimen of the rest.

ther they are injected into the veins or introduced into the stomach; then the action on the spinal cord, and afterwards on the brain; and, lastly, the corrosive and irritant action exercised on the stomach. In the case where chloroform was injected into the carotid, death appears to have been produced by the loss of nervous power from the direct action of the poison on the brain. This effect might be accounted for by the obstruction thus induced to the flow of blood through the capillaries of the organ. The mechanical properties of this class of bodies may particularly fit them for obstructing the circulation through the lungs. It was shown, for instance, that when injected into the jugular, their smell is almost immediately perceptible in the expired air; so that the vapour getting into the air-cells may place the blood much in contact with the substance. The action on the spinal cord is very different from that of strychnia, to which my friend Dr. Cogswell compared it in the case of iodoform. Strychnia destroys the influence of the will over the muscles, but appears to excite the spinal cord, which loses its sensibility under the action of this class of poisons. The blackening of the mucous membrane of the stomach, which these substances produce, is another curious property. This effect appears to be compounded of the corrosive and irritant action of the poison, its effects on the colouring matter of the blood, and that congestion of dark blood found in the stomach in certain cases of coma. Where the poison was introduced directly into the circulation, we had the heart's action put a stop to, and its irritability destroyed when the dose was large. In other cases a smaller dose caused obstruction to the flow of blood through the lungs, while the heart's action continued; and in one case this obstruction was shown by the hæmadynamometer. In that case the pressure in the arterial system was diminished, but the heart's action continued."

I then remark on the great power possessed by the whole class of permeating the tissues.

It must be remembered that my experiments were performed at a time when nothing was known of the physiological properties of this class of bodies, except the trifling facts previously referred to; and even now the general correctness of my conclusions must be granted. I pointed out the fact of the insensibility of the animals when pricked and pinched, but I never thought of applying the facts I had observed to the prevention of pain in surgical operations; indeed, no one thought of anæsthesia at the time.

The next great fact in the history of chloroform is, substantially, the first application of its vapour as an anæsthetic agent; for the chloric ether of Mr. Bell was at most only a mixture containing chloroform, and was not administered on acconnt of the chloroform. On the 8:h of March, 1847, M. Flourens, in a communication to the French Academy of Sciences, related some experiments made by him on animals with the vapour of chloroform. "It was especially by the effects of muriatic ether that he was led to try the new body known by the name of chloroform. At the end of some minutes—of six in a first experiment, and of four in two others—the animals submitted to the operation were distinctly *etherized*. The spinal cord was then exposed. The posterior roots of the spinal nerves were found to be insensible; of five anterior roots, only two preserved their motive power, the three others had lost it. Thus it is incontestable that the discovery of the anæsthetic properties of chloroform is due to a French philosopher. . . . . Unfortunately, he confined his operations to animals."[1]

Nothing more of a public character took place with regard to chloroform till, on the 10th of November, 1847, Dr. Simpson presented his first results at a meeting of the Medico-Chirurgical Society of Edinburgh. What these were, it is not necessary to repeat here. Suffice it to state, that to Dr. Simpson belongs the *sole* and *entire* merit of first applying the vapour of *pure* chloroform as an anæsthetic agent in the *human subject*.[2]—*Lancet*, Oct. 9, 1858.

[1] Bouisson: *Traité de la Méthode Anæsthétique appliquée à la Chirurgie et aux différentes branches de l'Art de Guérir*, p. 77.

[2] The following, from a pamphlet by Mr. Waldie, of Liverpool (1847), is interesting: "To the best of my knowledge, from the result of many inquiries, it seems to have been introduced into this country, as a medicinal agent, first in Liverpool, where, indeed, in the form of a spirituous solution, it has been more known than in any other part of the country, and from which, I believe, the knowledge of its therapeutic properties extended. About the year 1838 or 1839 a prescription was brought to Apothecaries' Hall, Conduit Street, one ingredient of which was chloric ether. No substance being known there of that name, having the properties of that with which the mixture had been previously prepared, Dr. Brett, then the Company's chemist, in investigating the subject, found in the *United States Dispensatory* the

SANITARY SCIENCE.

Superior Salubrity of England.—The Registrar-General, in his last report on births, deaths, and marriages, says, that it is now well established by extensive observation, that England is the healthiest country in Europe. France stands next to England in salubrity. In the continental cities the annual rate of mortality is seldom less than 30 in 1000; and frequently as high as 40. In London the rate of mortality is only 25 in 1000. Statistical records prove that "the climate of England is eminently salubrious;" and it has not yet been shown that the climate of any part of the Continent is more salubrious than this island—crowned with hills of moderate elevation, sloping towards the east and the south; bathed by the showers of the Atlantic; drained naturally by rivers running short courses to the sea, cultivated more extensively than other lands, and producing those unequalled breeds of sheep, cattle, and horses, which flourish only in healthy places. The healthiest parts of England are not yet places of general resort, but the annual mortality in the various districts comprising watering places seldom exceeds 21 in a 1000 of the population, and is probably lower in these regions of the districts to which visitors resort. The lowest morality at the English watering-places, as they are rather vaguely designated, occurs at Eastbourne—only 15. in 1000; Worthing, the Isle of Wight, Mutford (including Lowestoft), Barnstaple (Ilfracombe inclusive), and Anglesey, 17 in 1000; Hastings, Upton-on-Severn (including Malvern), and Aberystwith, 18 in 1000; the Isle of Thanet, Newton Abbot (including the east and south-east of Devon), 19 in 1000. After these the rates of mortality rise gradually to 23 and 24, which numbers represent the somewhat less salubrious districts of Yarmouth and Bath. Clifton also stands as high as 23, but a part of Bristol is included. Tunbridge Wells stands at 20, Dover at 21, Cheltenham at 20, Warwick (Leamington) at 20. Derbyshire (Buxton, Matlock, etc.) at 20, Scarborough at 21, Harrogate at 20, Whitby at 21, Kendal at 20, and Bangor at 21. "It should always be borne in mind," says the Registrar, "in selecting places of resort, that through the peculiar nature of zymotic diseases, places usually healthy are periodically visited by epidemics, which can only be avoided by consulting recent returns, or by actual inquiries on the spot. The cleansing and sewerage of all watering-places require improvement, as their arrangements were made when sanitary science was at a low ebb."—*Med. Times and Gaz.*, Oct. 9, 1858.

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Peculiar Effects of the Fumes of Phosphorus.—It has been ascertained by M. Moignot, an ecclesiastic well known in the scientific world, that the women employed in the manufacture of lucifer matches are very liable to miscarry; and so fully aware have the workwomen become of this peculiarity of phosphorus, that advantage has been taken of it to procure abortion. Nor is this all, for the same observer has ascertained that the emanations of phosphorus are excitants of the sexual organs in men. It has been noticed that this effect has been produced after the individuals have been exposed to the fumes for a certain time. It is incumbent upon medical men to investigate the matter, so that reliable data may be obtained.—*Lancet*, Oct. 16, 1858.

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Statistics of the Prevalence of Rickets at Dresden.—Dr. Kuttner states, that rickets is extremely common in that city. Out of 9000 patients admitted into the Children's Hospital for the last twenty years, 1654 were rickety or had been so, the latter presenting unmistakable traces of the disease. Thus it would appear that the proportion of rickety children was 20 per cent.; and by leaving out from the total number of 9000 such children who were less than one year old, and could not as yet be affected with any symptoms of rickets, the proportion rises to 25 per cent. Dr. Küttner thinks that the cause of this state of things is the wretched condition of the labouring classes of Dresden,

formula of its preparation, and prepared some." Mr. Waldie states that the properties of the substance pleased some of the medical men, but the preparation was found of variable strength. He separated the chloroform, and dissolved it in a uniform quantity of pure spirit. He goes on to say that the vapour of this so-called chloric ether was used for anæsthetic purposes, "either in February or March last" (Mr. Bell). Then, "when in Scotland, in October last, Dr. Simpson introduced the subject to me, inquiring if I knew of anything likely to answer. Chloric ether was mentioned during the conversation, and, being well acquainted with its composition, and with the volatility, agreeable flavour, and medicinal properties of chloroform, I advised him to try it;" which accordingly Professor Simpson did.

(*To be continued.*)

as that city is not worse off, in a hygienic point of view, than other capitals. It is rather remarkable that out of these 1654 rickety children, 198 belonged to journeymen shoemakers, and 162 to journeymen tailors, being 25 per cent. of the whole number. Twins and children prematurely born were rather numerous. As to age, it was found that the largest number were from two to three years old. The influence of the mother's milk does not seem to have been well marked; for 387 had not had the breast, or had been suckled but a very short time; 360 were nursed for the ordinary period; and 455 for a longer time than usual. As vaccination had been accused of inducing rickets and scrofula, it will be interesting to notice that, out of 1258 rickety children, 759 had not been vaccinated; 491 had undergone the operation, and 35 had had the small-pox. The winter months were noticed to bring the largest number of rickety children into hospital. Dr. Küttner finally considers that rickets may be owing to the early use, with children, of much bread and potatoes.—*Lancet*, Aug. 21, 1858, from *Journal für Kinderkrankheiten*, Nos. 7 and 8, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Lallemand's Porte-Caustic broken in the Urethra.—Dr. A. H. Buchanan related to the Nashville Medical Society (September 1, 1858) the case of a young man who was in the habit of introducing Lallemand's instrument for the purpose of cauterizing the urethra, and had the mishap to break off that portion of the instrument which holds the caustic, into the bladder. At the time the caustic-holder was pretty well filled with nitrate of silver. He, soon after the accident, was seen by Dr. B., who made some efforts with instruments to extract the foreign body, but without success. He then advised the young man to return home, and, after some little time, to retain his urine until his bladder was uncomfortably full, and then get into a bath of warm water, on his hands and knees, and with considerable effort evacuate the bladder. The patient, feeling some anxiety about the matter, set about carrying out the orders immediately on his arrival at home, and, to his great relief of mind, succeeded in voiding the caustic-holder. Dr. B. stated that he had suffered no material inconvenience from the presence of the caustic in the bladder, which may have been as much as twenty grains.—*Nashville Monthly Record*, Oct., 1858.

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Yellow Fever in our Southern Cities.—We are gratified in being able to announce that this fatal pestilence is abating its ravages.

New Orleans.—In this city the mortality from yellow fever is steadily diminishing, as will be perceived from the following table, continued from our previous No., p. 159:—

DEATHS FROM YELLOW FEVER.

15th week, ending	October	3,	. .	380
16th "	"	10,	. .	390
17th "	"	17,	. .	310
18th "	"	24,	. .	265

Charleston.—The number of deaths in this city, from yellow fever, was—

For the week ending	October	3,	. .	64
" "	"	10,	. .	45
" "	"	17,	. .	40
" "	"	24,	. .	22
" "	"	31,	. .	24

The number of deaths from the pestilence, from August 1 to October 9, was 573.

Mobile.—The *Mobile Advertiser*, of the 12th October, represents the mortality from the pestilence as being larger than during any preceding week. The total number of deaths up to that time, from the epidemic, amounted to 931.

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Army and Navy Medical Appointments.—Out of 27 candidates for appointment as assistant surgeons in the army, examined by the Board which met at Richmond, Va., last spring, only two were selected for that station.

Of 27 candidates for appointment as assistant surgeons in the navy, examined by the Board which met in Philadelphia last spring, seven only were recommended for appointment.

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Expulsion of Dr. Henry M. Hooke, of Lowell, from the Massachusetts Medical Society.—Dr. Henry M. Hooke, of Lowell, has been expelled from the Massachusetts Medical Society on the following charges preferred against him by the Middlesex North District Medical Society:—

1. For infraction of the 10th by-law of the Massachusetts Medical Society, in

offering to the public, while exercising the duties of a physician, medicines the composition of which he keeps a secret, thereby offering to cure disease by such secret medicines: in establishing, or causing to be established, for his benefit, and supporting a certain nostrum and drug shop, on Merrimack Street, in Lowell, kept by a Mrs. Clayes or Mrs. Lane, at which shop only, his prescriptions can be made up, the said prescriptions being written purposely so as to be unintelligible to all other apothecaries: in publishing his card in, and writing medical articles as advertisements, for a notoriously vile and quackish paper, called *The Medical Expositor*, the editor and proprietor of which is, and has been for years, as is well known, an irregular practitioner, who has recently been convicted by a jury for libel against a worthy citizen of this place, and paid the penalty therefor, by three months' imprisonment in the House of Correction, at Cambridge.

2. For conduct unbecoming and unworthy an honorable physician and member of this Society, in rudely and peremptorily refusing to pay his arrearages and annual assessments due to the Society, when called for: in manifesting hostility to the Society and its interests, by speaking of it in terms of disparagement and contempt: in frequent violations of the recognized code of Medical Ethics, in visiting, advising and prescribing for patients, while under the charge of other physicians, without the consent or knowledge of said physicians: in false and dishonorable conduct in consultations, by which he has impaired or destroyed the confidence of the patient and friends, in the consulting or attending physician, with whom he had met; and in other irregular and disreputable acts, equally adverse to the welfare of the public and to the interests and dignity of the profession.

The Board of trial, regularly appointed by the President of the Massachusetts Medical Society, met at Lowell, on the 15th inst., and duly considered the above mentioned charges, preferred against Dr. Henry M. Hooke, by the Middlesex North District Medical Society, whereupon it was voted, that the charges preferred against Dr. Henry M. Hooke, of Lowell, by that Society, have been substantiated, and the said Henry M. Hooke be, and hereby is, expelled from the Massachusetts Medical Society.

Medical College of Virginia.—Dr. Jas. B. McCaw, the able editor of the *Virginia Medical Journal*, has been elected Professor of Chemistry in this School, in place of Dr. Martin P. Scott, who resigned.

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The Medical and Surgical Reporter.—The journal from a monthly has become a weekly journal, and a large part of each No. will be devoted to reports of *Lectures* by distinguished Physicians and Surgeons; to Clinical Reports from Hospitals &c., in this and other cities; and to *Reports of Medical Societies*. There is an ample field for a weekly journal in this city, and if the editors succeed in carrying out their plan, success can scarcely fail to reward their efforts. The editors are S. W. Butler, M. D., and W. B. Atkinson, M. D.

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Medical Journal of North Carolina.—This is the title of a new journal published under the auspices of the State Medical Society, and edited by Dr. Edward Warren. The first No. appeared in August last, but has not yet reached us.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—We have to notice this month no less than *four deaths* resulting from the inhalation of chloroform.

Case I.—Daniel Pheby, aged 8 years, was brought to the Ophthalmic Hospital, Moorfields, for the purpose of undergoing the operations for double internal strabismus. On October 1, chloroform was administered to him on a piece of lint; during the inhalation he struggled somewhat and cried out, but not in a greater degree than is usual with children. When the inhalation had lasted for about three or four minutes, the operation was commenced on the right eye, but, it being found that he flinched, a fresh dose of chloroform was poured upon the lint, and the latter was reapplied. Immediately after this the boy's face was noticed to become deadly pale, and his pulse had ceased; the administrator, in order to reapply the chloroform, had removed his finger from the temporal artery, and no one's finger was on the radial artery precisely at the moment of the occurrence of the pallor, but immediately before the reapplication of chloroform the pulse was

beating regularly, and at about eighty per minute. The tongue was directly drawn forward with forceps, and the boy was turned at once on his abdomen, with the view of adopting Marshall Hall's method of artificial respiration; this position, however, appearing inconvenient, he was without loss of time turned on his back, and artificial respiration was kept up for more than three-quarters of an hour by the old method, viz., by pressure of the hands on the thorax and abdomen. This answered well as far as the emptying and filling of the lungs were concerned, but neither cardiac sounds nor pulse could be detected. During the first twenty minutes of the treatment the boy gasped several times. Ammonia was freely applied to the nostrils, and cold effusion was used at first.

The autopsy was performed at twenty-four hours after death. The boy appeared well nourished, but some of the glands of the neck were enlarged, and the teeth generally were in a decayed condition.

Cranium.—The membranes were congested; the brain was large, and its substance did not separate from the pia-mater so readily as it should have done. The sinuses of the dura-mater were filled with fluid blood.

Thorax.—The lungs were intensely congested. The trachea contained a considerable quantity of viscid mucus, and its membrane was somewhat congested. The right ventricle of the heart was collapsed and empty (this may perhaps be accounted for by the fact that the cranium was the cavity first examined, and was allowed to hang over the end of the table, thus permitting the blood, which was wholly fluid, to drain away from the cut sinuses of the dura-mater).

The other portions of the heart were in a normal state.

Abdomen.—The liver and kidneys were intensely congested; the other viscera in a normal condition.

From inquiries made it seems probable that the boy suffered from meningitis in infancy; with this exception he had enjoyed good health. The quantity of chloroform used was about ℥iss, and this was divided into three doses.

The death would appear to have resulted from a sudden paralysis of the heart.—*Med. Times and Gaz.*, Oct. 9, 1858.

Case II.—A fine young woman, having obtained the consent of a medical practitioner for her having chloroform administered during the extraction of a tooth, went to Mr. Geo. Keeling, a druggist and dentist (at Epsom), who forthwith administered chloroform, or rather allowed his patient to assist herself to the vapour by means of a napkin. She became suddenly insensible, the tooth was extracted, and the patient sunk back dead.—*Lancet*, Sept. 18, 1858.

Case III.—Another death from chloroform has taken place. It occurred in the private practice of Mr. Lawrence, of St. Bartholomew's Hospital. The patient was a lady of middle age, and a remarkably healthy woman. The chloroform was administered on a handkerchief.—*Lancet*, Oct. 16, 1858.

Case IV.—We have already briefly alluded (p. 159) to the case of a boy (Wm. Rush), aged 11, who died from the inhalation of chloroform, and we can now give some of the particulars. It appeared from the evidence, at the inquest, that the deceased had received an injury of the foot some weeks previously, which had resulted in a considerable shortening of the great toe, and enlargement of the corresponding metatarso-phalangeal joint. No surgical aid was called in until a few days before his death, Mr. Watkins was then requested to examine the foot, but in consequence of the boy's screams and resistance, and the acute pain caused by the slightest manipulation, the examination was not satisfactory. As it was absolutely necessary to decide whether the case was one of dislocation or diseased joint, Mr. Watkins proposed another examination under chloroform, to which no objection was offered, the mother being made to understand that the boy would be put into a sound sleep, during which the examination might be accomplished without causing him any pain. Accordingly, on Friday (27th), Mr. Watkins called, and having placed the boy on a bed, proceeded to administer the chloroform by inhalation. As the object was merely to secure insensibility to pain during the very short period required for the examination of the foot, it was intended to induce the very slightest state of anæsthesia compatible with the attainment of that object. The handkerchief upon which the chloroform was applied was a stout

cotton one furnished by the mother, and two of the corners folded over the part, which was moistened with chloroform, were interposed between the latter and the lips and nostrils of the patient. Though the boy seemed somewhat afraid of inspiring the vapour freely, it caused neither cough, sneezing, nor any sign of irritation of the air passages.. Mr. Watkins had himself taken a full inspiration from the handkerchief before applying it to the patient. After an interval of from thirty to forty seconds the desired effect being apparently produced, Mr. Watkins took hold of the foot, but had no sooner done so than the boy sprang up, and screamed lustily, declaring that he would not submit to the examination, and placing his other foot across the affected one, succeeded in preventing it: thus proving that the apparent effect of the chloroform was not real. An interval of two minutes or more was spent in pacifying and reassuring him, and the handkerchief was again moistened, and placed lightly over the lower part of the face. He evaded the inhalation of the chloroform for some twenty or thirty seconds by first holding his breath, and then suddenly turning his head aside, and taking a full inspiration quite clear of the handkerchief; but on being encouraged he steadily inspired the vapour. After some six or eight inspirations the desired condition appeared to be produced. The pulse had not indicated the slightest disturbance of the circulation, the countenance was perfectly composed, and natural in colour as well as in expression, and the breathing was soft and uniform as in natural sleep. Mr. Watkins, having given the handkerchief into the mother's hand, was again taking the foot, when the patient made two short stertorous inspirations, the chloroform was at once discontinued, but the change from a slight to an extreme condition of anæsthesia became rapidly apparent. The pulse fell at once, and after a very few hurried and feeble beats ceased to be perceptible at the wrist; the lips assumed a livid hue, which almost instantaneously spread itself upwards and downwards over the whole surface, and a small quantity of frothy mucus ran from the mouth. Cold affusion was instantly and freely applied, and the patient was turned over, care being taken to keep his mouth from the pillow. Twice or thrice a succession of short laboured inspirations induced the hope that the heart was resuming its functions. Hot water was on the spot, and flannels taken from it were immediately applied to the epigastrium; but all in vain, for the patient ceased to breathe in about ten minutes. As a last resource, artificial respiration in the direct manner was commenced, and carried on vigorously for several minutes, but without any sign of the re-establishment of the heart's action. In reply to a question from the coroner, Mr. Watkins emphatically stated that he was not using the chloroform experimentally, for that his experience during the late war had made him so familiar with its effects, and the mode of its employment, as to render experiment superfluous, and he had since been in the habit of using it very frequently, and with the greatest advantage in private practice, both in midwifery and surgical cases. In reply to another question, he stated that the habitual presence of two medical men during the employment of chloroform would be quite impracticable in country districts, more especially in midwifery cases; but at the same time he wished it to be clearly understood that he should never think of attempting, under the use of chloroform, any operation embracing the section or ligature of blood-vessels, or in any way attended with danger of hemorrhage, except with assistance of another surgeon, whose special business it would be to regulate the anæsthetic condition of the patient. Mr. Farmer, surgeon of Silverstone, was summoned by the coroner, and examined in order to assist the jury in arriving at a correct opinion with regard to the care employed in administering the chloroform, the fact of Mr. Watkins being justified in using it in this case, and the correctness of the means employed in the endeavours to restore the patient. The evidence of Mr. Farmer on these points was such as to exonerate Mr. Watkins from any imputations of unskilfulness or of want of due precaution, and also to justify the use of the chloroform in such a case. The jury, after a short consultation, found, "That the deceased came by his death from the effects of chloroform administered by Mr. Watkins for the purpose of producing insensibility to pain."—*Dublin Med. Press*, Sept. 22, 1858.

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Muriate of Ammonia in Neuralgia.—Some of the preparations of ammonia have

long been in use in France, Germany, and elsewhere, as remedies in various nervous affections, with variable success. At the Salpêtrière and the Bicêtre hospitals in Paris, the valerianate of ammonia has been much used in epilepsy for years, in the formula of three parts of valerianic acid, two parts of alcoholic extract of valerian, water ninety-five parts, and sesquicarbonate of ammonia in sufficient quantity to neutralize the acid. The dose is a drachm three times a day. Latterly, the muriate of ammonia has been brought forward on the authority of the Germans, as valuable in neuralgia, especially of the face, and we have recently had the opportunity of seeing it tried in a favourable case, at Guy's Hospital, under the care of Dr. Wilks, and, so far, with some benefit. The patient is a man aged fifty-five, who has been subject to facial neuralgia of the left side for the last four or five years, during which period he has undergone various modes of relief ineffectually. He was put upon half a drachm of the muriate, in water, every six hours, and although he has been more than a week under this treatment, he is certainly much relieved, the pain having diminished. Even supposing that this man is cured, a more extended trial of the agent is required to warrant the eulogium passed upon it by the Germans. In certain forms of chronic diarrhœa it is really a valuable agent. We may refer to this subject again.—*Ibid.*

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Application of Sugar when Lime has entered the Eye.—The *Indicateur de Mayence*, in relation to cases of workmen becoming blinded by the action of lime which has entered the eye, recommends, as a well-approved application in the case of such accidents, a strong solution of sugar, which is to be inserted drop by drop under the eyelids. This application can usually be immediately obtained, and completely prevents the caustic action of the lime.—*Ibid.* from *Journ. de Chimie Méd.*, Aug., 1858.

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Pepsin.—M. Mialhe has inserted in the *Bulletin Général de Thérapeutique*, a new formula for the preparation of this medicament, which he considers is exempt from the inconveniences attached to those heretofore in general use. This elixir, he says, has a very agreeable taste; and women and children take it without any repugnance, and even with pleasure. It is administered immediately after each repast in a spoonful, containing one gramme (15 grains). This is the formula. Pepsin (prepared after the method of MM. Corvisart and Boudalt, with amylaceous matters), 6 grammes; distilled water, 24 grammes; white wine (de Lunel), 54 grammes; white sugar, 30 grammes; spirits of wine, at 33°, 12 grammes. These materials are mixed together until the sugar is quite dissolved, and are then filtered — *Med. Times and Gaz.*, Oct. 9, 1858.

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Artificial Dilatation of the Larynx in Croup.—Much discussion has of late taken place at Paris respecting a bold measure in croup—viz., actual catheterism of the larynx and trachea, followed by caustic injections, proposed and successfully practised by M. Loiseau, of Montmartre, near Paris. This operation is to prevent the necessity of tracheotomy, and has been warmly supported by M. Trousseau, in a report presented by this physician to the Academy of Medicine. Several successful cases have been quoted: one, however, proved fatal in August last.

The Academy has very recently heard another paper on the "Dilatation of the Larynx in Croup," to render tracheotomy unnecessary. The author is M. Bouchut, an eminent hospital physician of Paris. Trials were first made on the dead body, and a silver, truncated, hollow cone, a little smaller than a common thimble, was passed into the larynx, and was felt to dilate that passage perfectly. A series of instruments were contrived by M. Bouchut for the introduction of the cone, or canula, to which a silk thread is fixed, which hangs out of the mouth. Two children, affected with diphtherite, have been operated upon by the dilator, full details being given by M. Bouchut in a paper presented to the Academy of Medicine. Although the results have not been favourable in one case, it has been proved by these operations that a hollow, truncated cone can, in the paroxysms of suffocation of diphtherite, be introduced into the larynx, and there left for several hours, to the great relief of the child. Respiration, in both cases, became perfectly tranquil after the cone was introduced, the same being subsequently removed with the greatest ease. Further trials will prove whether this method of admitting air is preferable to tracheotomy. —*Lancet*, Oct 2, 1858.

Infantile Convulsions.—When a child has convulsions, says M. Trousseau, learn to act quietly, indulge in no tumultuous proceedings; inquire if your patient is subject to such accidents, and if they generally pass away of themselves; if so, then little medical interference is required, and generally speaking, the convulsions preceding eruptive fevers will also quietly pass away. Bleeding, prolonged baths, violent purgatives, vesications made by boiling water, so far from being of service, aggravate the disease, interfere with its progress, retard the eruption, and occasion complications. Persons, strangers to the art of medicine, and even physicians themselves, often act in a very absurd manner. They pour boiling water over the legs of unfortunate children, and thus occasion more serious diseases than the evil they desire to avert. This boiling water, thus brutally applied, is it not the frequent cause of those horrible scalds, which cause the death of so many children? What physician has not seen them? Sometimes the doctor comes and envelops the legs of the wretched child in linen wrung out of boiling hot water. The child is comatose, and feels not, and thus the patient is killed instead of saved. I saw one, who was my master—Marjolin—thus treated; boiling water was applied to rouse him out of the stupor which had supervened in the course of a typhoid affection; he suffered in consequence from deep ulcerations.—*Med. Times and Gaz.*, Oct. 9, 1858.

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Tying of the Œsophagus.—The Academy of Medicine of Paris have lately come to the conclusion of a long discussion on the above subject. The ligature of the canal in question is stated by Orfila, in his Treatise on Toxicology, to have been applied upon dogs in more than fifty cases, these animals having survived when the thread was left from twenty-four to thirty-six hours. It seems that doubts arose in the minds of two professors at the Veterinary College of Alfort, near Paris—Messrs. Bouley and Raynal; experiments were made upon eight dogs, and five of these survived only a short time. Indeed, one lived only three hours, and another only one hour and three-quarters. With two of the dogs the ligature was removed in two hours, and these did not perish. These facts were brought before the Academy by Messrs. Bouley and Raynal; and that learned body appointed a committee, before whom the experiments were repeated with nearly the same results. M. Trousseau has reported upon the proceedings, and has laid down ten propositions, of which the fourth is the most important. Its substance is, that no reliance can be placed on the poisonous properties of some substances which are introduced into the body for the sake of experiment whilst the œsophagus is tied; because the committee are convinced, from the experiments made before them, that dogs may die solely in consequence of the tying of the œsophagus. Hence it is plain that the toxicological experiments which Orfila made, after putting a ligature on that canal, require revision; and that his deductions may be suspected to be erroneous.—*Lancet*, Sept. 11, 1858.

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Sepometer.—Among the many things which have troubled the minds of ordinary thinkers, has been the assertion of chemists, that the air had in all places the same composition. We cannot, therefore, be sufficiently thankful to Dr. R. A. Smith, of Manchester, for his discovery of an instrument by means of which we can ascertain the *causes* of the different degrees of purity of air. As by means of this instrument the actual amount of putrescible matter in the air can be measured, Dr. Smith has given to it the name of *Sepometer*. The salt he uses, as a measurer of impurity, is almost the best oxydizing agent with which chemists are familiar; it is the permanganate of soda. The process consists simply in ascertaining how much of the permanganate is decomposed by a given amount of air. The indications are very beautiful, and exhibit the greatest difference between the air of towns, country, and sea. The use of blood by Dr. Smith is also novel. By means of the smallest quantity we can almost instantly ascertain the difference between town and sea air, by shaking it with a small portion of blood in a tube. We shall be most anxious to hear of experiments performed in the wards of our hospitals by the aid of the Sepometer, and with the breath of patients, as we believe that much valuable information will be thereby obtained.—*Med. Times and Gaz.*, July 24, 1858.

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Preliminary Literary Education again required from Medical Students in France.—Our readers may recollect that in 1852 an

imperial decree removed the obligation, formerly imposed on students, to produce the degree of Bachelor of Letters (tantamount to our B. A.) before commencing their medical studies. Proficiency in the sciences allied to medicine was alone required. It has, however, been found that the absence of a literary education had a very unfavourable effect upon the young men entering upon their medical studies. The Superior Council of Education was consulted on the subject, and the members were almost unanimous in the opinion that the former state of things should be re-established. The Minister of Public Instruction, M. Rouland, also approved of the change; and upon his report to the Emperor, the decree has just been issued requiring every student to be possessed of the degree of B. A. before registering at the faculty. The first year is devoted to the study of the allied sciences as far as they bear upon medicine; and a modified degree of Bachelor of Science is, after examination, conferred upon the student who has completed his first year. The *bonâ fide* medical studies then begin, the young men are examined at the end of each session, and the last examination takes place when the four years are completed.—*Lancet*, Oct. 16, 1858.

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Homœopathy and Mormonism.—We find by the *Plymouth Journal*, of August 19th, that the Mormons are increasing in the neighborhood, but are complaining along with the homœopathic quacks, that their doctrines are misrepresented and misunderstood—that the book of Mormon and Hahnemann's Orghanon, the *Millennial Star* and the *Homœopathic Review* are not read so extensively as they used to be and should be, and that even when read, it is not with a view to enlightenment. From the controversy which has been going on in the Plymouth newspaper, we learn that a clergyman had been assailing a medical practitioner for his so-termed prejudices against the globulistic quackery, and for his objecting to waste his time in reading the rubbish of Hahnemann, Currie, Black, &c. The latter, in reply, referred to Mormonism, to the spread it had made in this country and in America, to its disciples in many parts of the kingdom, and to their forming a new state (Utah), as proving it equally to be a verity. He asked the divine whether he had ever read the Mormon Bible, and other works on Mormonism to satisfy himself *truly* and *clearly* as to the truth or falsity of the new system of religion? He offered, if his reverence would peruse these delectable writings, himself to read the works relating to homœopathy, and to try and profit by their perusal; rightly enough maintaining, however, that the one task was no more required than was the other to convince each of the absurdity of the separate delusions. We need scarcely add, that the clergyman thought Mormonism to be an arrant imposture, denounced its converts as either knaves or fools, and did not think it at all necessary to wade through the Mormon Bible in order to be sure whether his convictions were true or false. The medical practitioner thereupon declared that *he* had a like surety for the humbuggery of globulism, and equally declined the delightful privilege of being compelled to bewilder himself with its cabalistic books of *hocus pocus*. The reverend parson seems to have caught a Tartar.—*Lancet*, Sept. 11, 1858.

NOTICE TO SUBSCRIBERS.

The concluding portion of "West on Diseases of Females" (being pp. 309 to end, with Title Matter, Index, &c.) is now ready, forming an octavo volume of about 200 pages, and comprising the Diseases of the Uterine Appendages, Ovaries, Vagina, Bladder, and External Organs. Subscribers who have received the first portion as published in the "Medical News and Library" for 1856 and 1857, should lose no time in securing the completion, by remitting to the publishers the price, One Dollar, when it will be forwarded by mail, *free of postage*, neatly done up in boards, and uncut, for binding. It will also be furnished gratis, as an *extra premium*, to subscribers who remit Ten Dollars in advance for the "American Journal of the Medical Sciences," either in payment for the years 1859 and 1860, or as two subscriptions for 1859. In this way, gentlemen will be able to complete their copies without charge.

Philadelphia, *Nov.* 1, 1858. BLANCHARD & LEA.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Vesico-Vaginal Fistula—Dr. Bozeman's Operations.—So much interest is excited just now by Dr. BOZEMAN'S suture in the treatment of vesico-vaginal fistula that it may be well to inform our readers of the result of his practice in this country. We learn from the last number of the *Edinburgh Medical Journal* that Dr. Bozeman operated in two cases in Edinburgh; one of these was perfectly successful; in the other case, the patient died of pyæmia, and the fistula was found after death completely closed, there being a small suppurating point on the neighbouring mucous membrane of the bladder. In the last number of the *Glasgow Medical Journal* a case is recorded in which he was successful. We have only heard of one case in London in which he has operated, which was at University College Hospital. This proved unsuccessful; so that of four cases, we have one death, one failure, and two cures. His suture was tried two months ago in the perineo-plastic operation for prolapsus uteri at the Samaritan Hospital, and with complete success, by Mr. Spencer Wells. The union was perfect, and the suppuration along the track of the deep sutures, which is sometimes so troublesome, was entirely averted. Professor Simpson has quite recently made a great improvement upon Bozeman's button, by substituting for it a sort of wire splint, which is lighter than the button, and keeps the parts more free both from longitudinal and transverse movements than the clamps or button of Sims or Bozeman. Dr. Simpson has already had two successful cases. He prefers iron to silver wire.—*Med. Times and Gaz.*, Oct. 30, 1858.

Published monthly by BLANCHARD & LEA, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

Starch Bandages for Varicose Veins and Ulcers.—For some time past the following method, in the treatment of varicose veins of the leg, occurring either as a specific affection or associated with ulceration, has been adopted at the Great Northern Hospital, by Mr. PRICE: The leg which presents the varicose condition is firmly encased in a bandage, which is saturated with a mixture of starch and glue. This case, when dry, offers a uniform support to the swollen vessels of the leg; and, in the course of a few days, the well-known distressing symptoms dependent upon this condition of the veins entirely, or in a great measure, disappear. When the varix is accompanied with ulceration, the same plan is adopted, but an arrangement is made so as to allow the ulcer to be treated without disturbing the case. A *window*, somewhat larger than the circumference of the sore or sores, is cut while the bandage is moist. If the sore is superficial, and the affection not very chronic, it is found that the lesion is soon repaired, and that there is no occasion to leave the ulcer uncovered. This plan of treatment has, in many instances, proved not only palliative, but as effective as obliteration of the vein or veins by means of the twisted suture, while it possesses the advantage of being available in almost every instance of varicose enlargement of the superficial veins of the extremities. The bandage, when well applied, can be worn for many weeks, or even months, but the rapid subsidence of the swelling of the leg, in some instances, may require a recasing of the limb at an earlier period.—*Lancet*, Oct. 30, 1858.

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Teeth retained after Removal of part of the Jaw.—Mr. SKEY brought forward a man before the students in the St. Bartholomew's operating theatre on Saturday last, whose case presented some remarkable features. About four months ago he had been admitted with necrosis of a large portion of the lower jaw. The sequestrum was quite loose, and its extraction was accomplished without the least trouble. It included the whole of the left side from the ramus to the symphysis, and of the right as far as the first molar tooth. The sequestrum had been mounted for the museum. Mr. Skey exhibited it to the class, and it presented the sockets for twelve teeth, *i. e.* for the whole of those of the left side, and for the incisors, canine, and first bicuspid of the right. On the right the necrosis did not appear to have involved quite the whole of the alveolar border, a fact which doubtless explains in part the circumstance to which we are about to allude. Instead of coming away with the bone to which they belonged, the incisors, canine, and first bicuspid of the right side, and even the central incisor of the left, had remained in the gum. The man on the present occasion applied to have these teeth removed, as although they evidently possessed vitality, and were firmly attached to the gum, yet having no bone beneath, they were in his way rather than otherwise. The gums had of course sunk down, and the teeth stood very irregularly. Mr. Skey removed four of them, the fifth (the right first bicuspid) being sufficiently firm to justify its retention. The case excited much attention among the Surgeons of the Hospital, all of whom agreed with the operator in stating that they had never before witnessed an example of retention of vitality on the part of the teeth after removal of their osseous support. The patient is a pale, unhealthy young man of about 20. The periosteum of the bone had evidently been left behind.—*Med. Times and Gaz.*, Oct. 30, 1858.

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Gutta-Percha Moulded Splints in Diseased Hip-Joints.—On a recent visit to the Royal Orthopædic Hospital, we witnessed a plan of treatment, adopted by Mr. Brodhurst in cases of chronic disease of the hip-joint, which deserves some notice, especially as the results on the whole seem so very satisfactory. It consists in applying gutta-percha, when softened by heat, over the affected hip and thigh, moulding it to the shape of that part of the body, at whatever angle the thigh may be flexed at the time, and then applying a bandage over all. From the quiescent condition of the parts thus effected, together with the support afforded to the limb, the diseased joint becomes improved, and the thigh gradually assumes its normal position; and as this is gained, so is the gutta-percha reapplied a few times, until a cure is effected. We saw several cases of chronic disease of the hip-joint undergoing this method of treatment; amongst them several children, in whom the disease had been existing some time, and who were at first in such an extremely irritable condition that their limbs could scarcely be touched without eliciting screams. They

have now attained their natural position; the patients can walk, and bear pressure on the limbs; their general health has improved, and they can bear a close examination.

The advantages, therefore, of gutta-percha are—that it is convenient of application; it is much cheaper than the instruments in use, with cog-wheels, &c.; it prevents motion effectually; it keeps the parts at perfect rest, and, by acting as a support; at the same time assists nature in perfecting a cure. This is also facilitated by attention to the general health.

A few weeks back we counted, in one ward alone at St. Bartholomew's Hospital, five cases of diseased hip-joint, in boys from six to eleven years of age, under Mr. M'Whinnie's care, who at the time had charge of Mr. Lloyd's patients. All were being treated by rest and attention to the general health.—*Lancet*, Oct. 30, 1858.

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Extension Treatment of Diseased Joints.—Mr. Coote has at present under his care in St. Bartholomew's several cases in which the extension treatment is being adopted for contracted knees after disease of the joint. He does not as a rule in these cases practise tenotomy of the hamstrings. Usually he much prefers gradual extension by a screw apparatus to forcible manipulation under chloroform. We believe that the forcible method has not many advocates in the London Hospitals, as it is generally acknowledged that it lights up fresh disease in not a few cases. With regard to tenotomy, there is room for much greater difference of opinion, and many hold that the process of restoration to the straight position is greatly expedited by the timely division of the retracting hamstring tendons. At the Orthopædic Hospital, the late Mr. Lonsdale was one who strongly held the latter view, and we believe it is still entertained by more than one of the present staff. That resections for deformity without active disease are not justifiable is certainly an opinion which is becoming more and more firmly established.—*Med. Times and Gaz.*, Oct. 30, 1858.

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Extirpation of the Eyeball and Eyelids for Epithelial Cancer.—An interesting case has lately occurred, under the care of Mr. White Cooper, at St. Mary's Hospital, rendering necessary this formidable proceeding.

The patient was a farmer from Somersetshire, aged fifty-seven, cachectic in appearance. Nearly four years ago, his left eye became inflamed, and continued irritable. After a time, a red patch appeared near the inner canthus, and remained, despite the free use of caustic and other applications. Gradually, the whole surface of the eye became red, and the sight was lost, from the opacity of the cornea. He came twice to London for advice, the last time in the spring of this year, when a small growth had made its appearance on the free edge of the upper lid, near the punctum, and from this an adhesion extended to a similar growth on the eyeball, near the caruncle. These growths were removed, and palliative treatment adopted. For six weeks the eye remained comparatively quiet, and giving little uneasiness, but at the expiration of that time the growth from the lid began to increase rapidly, and notwithstanding that it was repeatedly removed and freely cauterized, it attained the size of a walnut. He therefore again came to London, and placed himself under Mr. White Cooper, at St. Mary's Hospital. On Sept. 25th, the parts presented the following aspect: A growth as large as a walnut sprang from the margin and inner surface of the upper eyelid, involving the caruncle, whence it spread over the surface of the eye. Its surface was ulcerated, discharged a sanious fluid, and bled on the slightest touch; consistence of a cartilaginous hardness. Two-thirds of the lid were implicated in the tumour, and the diseased structure involved not only the whole front of the eye, but the conjunctiva lining the lower lid, which was ulcerated.

The case was regarded as one of epithelial cancer, and on the 27th, Mr. Cooper proceeded to remove it. With scissors, he first detached the upper lid along the orbital margin, then dissected out the eyeball, and lastly, removed the lower lid along its orbital line. The bleeding was free, but yielded to pressure and the application of ice.

Not a bad symptom supervened, and the patient was discharged from the hospital at the end of a fortnight, the wound having healed most kindly. The disfigurement was much less than might have been expected, and was not greater than in cases where the lids have fallen in over a sunken eyeball.

The characteristics of epithelial cancer were well displayed in the tumour, which

was composed of epithelial scales, many caudate and fusiform, heaped up together.

This case is one of great rarity and interest. The free extirpation practised has yielded the happiest temporary result. It will be a matter of interest to know the further progress of the case.—*Lancet*, Oct. 30, 1858.

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Gelatial Anæsthesia.—In many small operations, of a character sometimes too trivial for the administration of chloroform, we have seen the parts to be operated upon completely frozen by the application of a mixture of pounded ice and salt. This mixture, as employed, did not at all times freeze the part, because, in the irregular manner in which it had been prepared, with the presence of portions of ice nearly as large as marbles, it would almost become a solid mass, and thus its local influence on the skin or applied part was almost valueless. For the last three years, Mr. Henry Thompson has been in the habit of using a mixture of *powdered* ice and fine salt, the ice in all respects being of the consistence, and to some extent lightness, of snow. This very readily mixes with salt, and a mixture is obtained which produces congelation in from two to three minutes. We saw it applied over an abscess on the left breast of a young man in University College Hospital, on the 13th instant, when in two minutes the skin became quite white and perfectly frozen. The abscess was then opened by Mr. Erichsen, and the pus flowed out, no pain whatever being felt. Now if this mixture is to be used, it should be made properly; the powdered ice can be obtained on the instant by rubbing a piece of ice along an instrument for slicing cucumbers, such as Mr. Thompson is in the habit of using, and which was employed in University College Hospital; one or two teaspoonfuls of fine salt are then stirred up with the ice, the mixture put in a piece of fine muslin, and then applied to effect congelation. It is not necessary to carry the freezing process further than simply to produce whiteness of the part, when the knife may be used. We may remark that this form of gelatial anæsthesia is especially suitable for such an operation as evulsion of the toe-nail, which otherwise is exceedingly painful; and we believe that one of the recorded cases of death from chloroform occurred during the removal of a toe-nail.—*Lancet*, Oct. 30, 1858.

MEMOIR.

Report on Anæsthesia and Anæsthetic Agents. By R. M. Glover, M. D., F. R. S., Edin.

No. II.—The experiments of Mr. Thos. Wakley on poisoning by chloroform.—His conclusions with regard to the occasional danger of its use.—First fatal case near Newcastle-on-Tyne.—Report of Sir John Fife and Dr. Glover, attributing the death to chloroform.—Contrary opinion of Dr. Simpson.—Fresh experiments of Dr. Glover in support of his opinion.—Opinion of Dr. Snow.—Rapid succession of fatal cases.

Every one will recollect with what enthusiasm the new discovery was hailed; nor has the result, to almost the whole extent, disappointed these anticipations. But soon a warning voice was heard. In the *Medical Gazette* of December 3d, 1847, there is a letter from myself, in which, after giving the entire credit to Dr. Simpson of first applying chloroform to practice,[1] I refer to my old experiments with liquid chloroform, and add—"When the application of ether and *chloric ether* to anæsthetic purposes became known, I remarked to several of my friends, that without doubt all the class of bodies on which I had formerly experimented would possess similar properties; but was deterred from the fear of their formidable power of congesting the lungs from giving them in practice." I then go on to warn the profession that, "in some habits and cases, the use of chloroform must be attended with danger." And in the same number, in a leading article, the editor calls special attention to this warning. Many communications (controversial some of them), on various points, followed speedily in the journals, on all of which it is impossible to dwell. But the next most important event in the history of chloroform is the publication of the experiments of Mr. Thomas Wakley, in the first number of the *Lancet* for 1848.

The article was entitled, "A Record of One Hundred Experiments on Animals with Ether and Chloroform, performed by Thomas H. Wakley, Esq., Surgeon to the Royal Free Hospital." In his preliminary remarks, Mr. Wakley says: "With respect, however, to the relative powers and advantages of the two agents which are now claiming from the scientific world such an intense degree of attention, facts are still

[1] The Editor, in a note, gives the priority to Mr. Jacob Bell, on account of the so-called chloric ether. But the reader will see how few knew what chloric ether was.

wanting to enable the profession to determine with precision and accuracy the classes, characters, and description of diseases and cases in which the one agent ought to be preferred, and the other carefully avoided." He proceeds: "These experiments were not, however, commenced until I had repeatedly observed the effects of both agents on the human constitution. I had seen ether successfully used under the most trying circumstances. I had heard that the use of chloroform had been crowned with almost equal success. Which of the two is the best agent? Are they both equally safe? Can both be employed on all occasions? The experiments were made with small and large quantities of the substances, and all stages of the effects were witnessed, according to the relation between the largeness of the dose and the species and size and vigour of the animal. The symptoms produced by the ether and chloroform were very similar; but the chloroform was found to be the more powerful and more dangerous. At first, generally, struggles and cries, increased quickness and force of respiration, which then became deep and slow, and gradually in fatal cases decreased along with the pulse." But the symptoms produced by the inhalation of chloroform and ether, both in animals and in man, are now so well known that it is useless to describe them. The most important part of Mr. Wakley's paper is to be found in his general conclusions: "The results of some of the above experiments warrant, I think, an important practical application. On some points, at least, no room remains for doubt. An examination of two or three facts irresistibly impels the mind to this conclusion. Only four days previously to the death of that celebrated surgeon (Mr. Liston), whose loss is truly a national calamity, the sufferer himself, while labouring under a paroxysm of dyspnœa, thought that he might possibly find relief from the inhalation of the vapour of chloroform. The suggestion was adopted, the vapour was administered, but necessarily without any beneficial result. Why necessarily? Because the post-mortem examination exhibited lungs that were 'engorged throughout,' and an 'aneurismal sac' near the heart. Under such circumstances of disease, and in such a condition of the lungs, a more unfortunate or dangerous remedial agent than the chloroform could not have been employed. This is now incontestably proved by the dissections in the instances in which death followed the experiments which I have just recorded. The examinations prove that blood, almost black, had collected in the heart and lungs, and the great vessels connected with those organs, to a degree of intensity which was probably never surpassed. Anything of the kind more striking probably was never witnessed in post-mortem examinations.[1] What, then, is the practical application of the facts which are thus brought under our consideration? Why, obviously and necessarily, that when there exists any disease of the heart, any aneurism near to the heart, any threatening dyspnœa, or any tendency to an 'engorgement of the lungs,' it would be highly imprudent to recommend the inhalation of the vapour of chloroform or of ether; but that in any of the abnormal conditions here described, should the practitioner determine upon employing one of the two agents in question, *assuredly the more dangerous one of the two* would be found in the vapour of chloroform."

At length a fatal case of chloroformization occurred. This was at Winlaton, near Newcastle-on-Tyne, in the person of a girl named Hannah Greener, aged fifteen. The case will be found reported in the *Lancet* of Feb. 5, 1848, and fully, from the *Gateshead Observer*, in the *Medical Gazette* of the 11th. The girl had been operated on for onychia, in the Newcastle Infirmary, on the 24th of October. The left great toe-nail was then successfully removed *under the influence of ether*. On the 28th, Mr. Meggison proceeded to remove the nail of the great toe of the right foot for the same disease. This, the first fatal case, is so instructive, that it deserves to be specially recorded. Mr. Meggison's statement was as follows: "I seated her in a chair, and put about a teaspoonful of chloroform into a tablecloth, and held it to her nose. After she had drawn her breath twice, she pulled my hand down. I told her to draw her breath naturally, which she did, and in about half a minute I observed the muscles of the arm become rigid, and her breathing a little quickened, but not stertorous. I had my hand on her pulse, which was natural until the muscles became rigid. It then

[1] "The left lung was so black and engorged as to surpass any pathological state previously witnessed by Dr. R. Elliott and myself."—See my experiments with the chloride of olefiant gas (Dutch liquid) on a dog, published in 1852.

appeared somewhat weaker—not altered in frequency. I then told my assistant, Mr. Lloyd, to begin the operation, which he did, and took the nail off. When the semicircular incision was made, she gave a struggle or jerk, which I thought was from the chloroform not having taken sufficient effect. I did not apply any more. Her eyes were closed, and I opened them, and they remained open; her mouth was open; and her lips and face blanched. When I opened her eyes they were congested. I called for water when I saw her face blanched, and I dashed some of it in her face. It had no effect. I then gave her some brandy, a little of which she swallowed with difficulty. I then laid her down on the floor, and attempted to bleed her in the arm and jugular vein, but only obtained about a spoonful. She was dead, I believe, at the time I attempted to bleed her. The last time I felt her pulse was immediately previous to the blanched appearance coming on, and when she gave the jerk. The time would not be more than three minutes from her inhaling the chloroform." These are the exceedingly well-described external symptoms of many cases of chloroform-poisoning. Mr. Lloyd confirmed Mr. Meggison's statement.

The inquest was adjourned from the 29th of January to the 1st of February to admit of a post-mortem examination, and a report on the case by Sir John Fife and myself, who were employed for the purpose.

We presented a report, detailing the post-mortem examination, and giving our conclusions. We found the chief morbid appearances in the respiratory organs. "There was great congestion of the lungs, which did not collapse, and were mottled with patches of a deep purple, bluish, or scarlet hue; the pulmonary tissue was filled with bloody froth, which was also found in the interior of the bronchi, mixed with mucus. On examining the larynx and trachea, the epiglottis was observed to be reddened at the summit, and of a vermilion hue." The heart contained dark-fluid blood in both its cavities, very little in the left; the membranes of the brain were somewhat congested.

The jury returned the following verdict, in accordance with our evidence: "We are unanimously of opinion that the deceased, Hannah Greener, died from congestion of the lungs from the effects of chloroform, and that no blame can be attached to Mr. Meggison, surgeon, or his assistant, Mr. Lloyd." I had stated that I had analyzed the chloroform, and found it to be pure; and that, in my opinion, *there would generally be found more danger from the use of chloroform in slight operations than in serious ones.* This bold and unhesitating opinion of Sir John Fife and myself at a time when all was *couleur de rose* with regard to chloroform, naturally caused a great sensation both amongst the public and in the medical world.

Sir John Fife, in his evidence, stated: "In my opinion, the cause of death was the congestion of the lungs, and that congestion I ascribe to the inhalation of chloroform. Of the power of chloroform to occasion such congestion, no doubt can be entertained, after the experiments of Mr. T. Wakley and Dr. Glover on animals." Of course, several controversial letters followed. Dr. Simpson attributed the death to asphyxia produced by the brandy and water, which was administered while she was unable to swallow, so that, in fact, she was choked by this fluid getting into the windpipe. Dr. Simpson's arguments are: 1st. The small quantity of chloroform administered. (But we shall find deaths from smaller quantities.) 2dly. The similarity of the appearances to those produced by ordinary asphyxia. (There can be no doubt of the fact, but the question is, was the asphyxia produced by chloroform?) 3dly. He argues thus on the facts of the case: "But, with the best of motives and intentions, brandy and water was poured into the girl's mouth. They were, of course, allowed to rest in and fill up the pharynx of the patient, as, in her state of syncope and anæsthesia, she was not in a condition to swallow them. The attempt at swallowing mentioned in the evidence was, I have no doubt, an attempt at breathing only, or at breathing combined with swallowing. But it was impossible for the patient, in her weak and torpid state, to inspire through a medium of brandy and water, any more than it would have been possible to inspire if the whole head and face had been immersed in the same fluid. The liquid would be partially drawn into the larynx. She rattled in her throat; in a minute more she ceased to breathe." The quantity of brandy and water was about two teaspoonfuls, and it seems very hard to believe that this could be the cause of death. In the *Lancet* of April 22, 1849, I published a series of ex-

periments on animals, comparing the appearances produced by drowning and chloroforming, in which experiments I thought I could detect marked differences between the two. I found the congestion and vascularity of the lungs much greater in cases of death produced by chloroform. I add: "But I believe that chloroform may kill by syncope, by its effect in stopping the heart's action, when we may have no congestion of the lungs. With regard to Professor Simpson's assertion, that the blood is *always* coagulated in the heart in death from chloroform, fluid in asphyxia, we see that it is neither uniformly fluid nor uniformly solid in either case. Professor Simpson's statement, that reddening of the epiglottis and congestion of the brain do not occur in chloroform-poisoning, is shown to be erroneous, and no other arguments require to be stated against his assertions. He makes out, I think, that Hannah Greener was hardly properly under the influence of chloroform; but if this were the case, how came the reflex phenomena of both larynx and pharynx to be destroyed?—which would necessarily be the result according to the professor's view of the cause of death." Speaking again of the power of chloroform to produce congestion of the lung, I add, "and the experiments of Mr. Wakley have abundantly established the reality and formidable nature of this power."

It may appear that I have dwelt too long on this remarkable case, which constitutes an epoch in the history of chloroform. But although the controversy as to the cause of death in this case is now virtually decided by the occurrence of numerous similar cases, and by the unanimous voice of the profession, it cannot be useless to recall the ingenious arguments by which even such a man as Dr. Simpson sought to elude the admission of this occasionally fatal property of chloroform. In the third and concluding part of this report, after the analysis which I propose to give, I shall have to consider the mode in which chloroform kills. Of the numerous letters which appeared in the journals concerning the case of Hannah Greener, I quote the following extract from a very sensible one by Dr. Snow:—

"I agree with Dr. Simpson that it was not advisable to give brandy, or even water—the more so, as I do not think with him that there was syncope; but that these liquids caused suffocation, by filling up the pharynx and being partially drawn into the larynx, seems improbable. This question, however, can only be determined by those who observed the symptoms at the time of death, and the nature of the froth found in the bronchi afterwards; as there is nothing in the reported evidence of the appearances on dissection which might not be caused by the kind of asphyxia liable to be induced when the effects of chloroform are carried too far, and these appearances are quite incompatible with Dr. Simpson's supposition that there was syncope."

Next followed a fatal case at Aberdeen, where a boy, who was in the habit of inhaling chloroform for the purpose of intoxication, was one day found dead. The post-mortem appearances were similar to those observed in the case of Hannah Greener. This occurred on the 8th of February. The next fatal case occurred in America, on the 23d of February. The patient was a woman of thirty-six, in excellent health, though she sometimes suffered from neuralgic pains caused by decayed teeth. On the day in question, she walked three-quarters of a mile, to have four stumps extracted by a dentist. The respiratory movements appeared to be free; chest heaving. While inhaling chloroform from Morton's inhaler, the face became pale. In about a minute, the instruments were applied, and the roots were extracted. In about two minutes from the commencement of the inhalation, the patient's head turned aside, the arms became slightly rigid, the body drawn somewhat backward, with a tendency to slide from the chair, the pulse had ceased, and the respiration also ceased about the same time. The face, previously pale, now became livid; also the nails; the jaw dropped, the tongue was protruded, and the arms became relaxed. Brandy and water, ammonia, and the cold affusion were employed. In thirty minutes, medical assistance arrived, when artificial respiration and electricity were tried. The chief post-mortem appearances were: Considerable congestion of the lungs and of the lining membrane of the bronchi. The pleuræ were highly injected, and contained bloody serum. The heart was empty. The blood was everywhere fluid.

There could henceforth be no doubt of the occasional fatal power of chloroform. The great points were, how to ascertain the cases in which the agent might be employ-

ed, and those in which it ought to be avoided; also the precautions to be observed in its use; also whether another agent might not be found free from its danger. There are many other subordinate topics involved, showing the proportion of fatal cases. This, it was already known, would be but small. So great a boon as the relief of pain in surgical operations could not, in the nature of things, be expected without a *per contra*.

In the next article, I shall proceed with the analysis of fatal cases, on which, and on the experimental inquiries already referred to, I propose to base the third division of his Report.

[Dr. Snow, in his posthumous work, just published, while agreeing with the correctness of the conclusion, that Hannah Greener was killed by chloroform, doubts how far this was due to congestion of the lungs. In the third part of this Report, this, as well as other matters connected with the physiological action of chloroform, will come under consideration, where, also, the mode of administration and other practical matters will be considered.]—*Lancet*, Oct. 16, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Yellow Fever.—This disease has now ceased as an epidemic in all our southern cities. The number of deaths in New Orleans from the disease for the five weeks ending October 24th, was 1787.

—

Pathological Society of Philadelphia.—At the meeting of this Society, held on the 13th of October, the following officers were elected for the ensuing year:—

President.—R. La Roche, M. D.

Vice-Presidents.—A. Stillé, M. D., and Ed. Hartshorne, M. D.

Treasurer.—A. Hewson, M. D.

Secretary.—J. Da Costa, M. D.

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—

Mrs. Partington.—This discriminating lady, we are led to believe, has become a contributor to some of the medical journals; for we find in them several articles which strongly bear the impress of her peculiar and happy style of elucidating subjects:—

Thus—we notice in an editorial article in the *Medical Times and Gazette* for October 30th last, the following statement:—"Bibron is said to be an antidote for the poison of the rattlesnake. M. de Vesey has made experiments to test the correctness of Dr. Hammond's observations, and the results are quite confirmatory of them."

A writer in a contemporary in this country seems to have been equally "exercised" by Bibron's antidote. After giving correctly the formula for its preparation, he remarks: "As no solvent is mentioned in this formula we are unable to attach any meaning to the dose of ten drops, or to tell its strength."

The writer seems not to be aware that bromine is a *liquid*, and we therefore state the fact for his information.

—

Plan for a Self-supporting Medical Literature in the United States.—It would appear from the complaints made in most of the medical journals of this country, of their receipts not meeting their actual expenses, that journalism is not so profitable as some suppose, but that it generally involves the necessity of "working for nothing and finding one's self."

Our contemporary, the *Nashville Monthly Record*, does not seem disposed to indulge in so expensive a luxury, and, therefore, makes the following announcement:—

"If through our failing to establish the cash principle our enterprise should turn out unremunerative, our subscribers and contemporaries may rely upon it that it will be abandoned, *in justice not only to ourselves, but to the general cause of medical literature.* If, therefore, any of our friends who have not paid up should fail to receive the December number, they will do well to send us two dollars, current funds, carefully enveloped; and the stream of medical chronicles will flow again. For individual subscribers the *Record* will cease to circulate, if, after reasonable warning, they fail to pay up within the month. For the profession generally it will terminate its existence if at the end of the year an aggregate of funds has not been remitted sufficient to pay all its expenses.

"Let all medical periodicals do the same, and we shall have a self-supporting medical literature in the United States."

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PUBLISHERS' NOTICE.

The valuable work which has occupied the "Library Department" during 1858, and which has given so much satisfaction to subscribers—"Habershon on the Alimentary Canal," will be continued during 1859, and may be expected to be complete about July next, when it will be followed by a work of the same practical character.

Subscribers are reminded that the "News" is only sent to those who pay in advance, whether as subscribers to that periodical alone, or to the "American Journal of the Medical Sciences." Those who desire its continuance will therefore do well to remit the amount of their subscriptions to the "Journal," or to the "News," without delay.

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Dec. 1, 1858. Philadelphia, Pa.

☞ Gentlemen desirous of completing their copies of "West on Females" are referred to the "Notice to Subscribers," p. 176, of the "News" for November.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Recurrence of Cancer after Removal by Dr. Fell.—In going through the cancer wards of the Middlesex Hospital recently, we noticed two apparently very bad cases in which the disease, situated in the breast, had been removed in this hospital by Dr. FELL himself during the time he was permitted to treat several cases. After treatment, the large raw surface cicatrized completely in one patient, who left the hospital, as she supposed, cured. This was about twelve months ago last July. The age of the patient was fifty-nine. In the other case, the original disease returned before complete enucleation had ensued. The first of these cases has a foul, malignant, elevated ulcer, occupying the site of the old cicatrix, which is horribly fetid, and will possibly, ere long, extend to the pleura itself. The second case is not in a much better condition. It is quite evident, therefore, that Fell's paste, or the paste now made up solely of chloride of zinc, and in use in the hospital, will, for a time, remove the disease, but cannot prevent its recurrence, although the patient may quite recover from the effects of the caustic as applied.

A patient, in the same ward, upon whose breast this caustic was applied a short time back, has had the tumour enucleated with as healthy-looking a surface remaining as we have ever seen, and Mr. Nunn has no doubt that cicatrization will ensue. It remains to be seen whether the period of recurrence, after the removal of a cancerous breast by caustic, will be deferred even as long as that which most frequently occurs after the knife has been used—a period, on the average, of two years.—*Lancet*, Nov. 6, 1858.

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

Epidemic Dysentery.—In the autumn of last year dysentery arose as an epidemic in one of the wards of the Lariboisière Hospital, in Paris. It lasted four months. It was brought from without the hospital, and was perpetuated by contagion. It attacked 19 patients, and most generally those who occupied beds in which dysenteric patients had previously lain. Of these 19, 9 died; some from intercurrent accidents, hemorrhage, peritonitis, and the rest from the progress of the disease. Those who recovered had a long and difficult convalescence, which was continually interrupted by diarrhœa, colic, and tenesmus. Most remedies used were of little service; and none were of any service in the advanced periods of the disease. In no case did ipecacuanha appear of use, nor opiates. Injections of nitrate of silver (0.10 in 100 of water) were followed by some good effects. Astringents were useless, and gave much pain as injections. In the last case which occurred, injections with perchloride of iron were used with markedly good effects.—*Med. Times and Gaz.*, Nov. 6, 1858.

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Paralysis of Volition in a Boy —A boy was admitted into one of the medical wards of the Royal Free Hospital, on the 23d of March, under the care of Dr. Brinton, with paralysis of volition. James O——, aged fourteen, has been ill a month; the disease came on gradually, with a total loss of power over the arms, body, and legs. He could not move his arms, nor draw up his legs, which, with his feet, were quite numb. The boy had hitherto been healthy, and had no other disease. No cause at first could be assigned for the paralysis. The patient was ordered six grains of iodide of potassium three times a day, to which were afterwards added ten grains of citrate of iron; and it has been pleasing to watch the gradual progress made by the boy towards improvement. At first power was gained over the arms, so that he could use them; the legs gradually became more useful, he could draw them up in bed, stand upon them, and slowly move them along; and, in the course of a short time, he was restored to a state of health under the plan of treatment adopted, which, besides his medicine, consisted of the application of the cold douche and galvanism. He ultimately left the hospital quite well, able to walk with comfort, and with complete use of his limbs. It was discovered that he was much addicted to the habit of self-abuse, no doubt the cause of the paralysis, which yielded, as might be expected, to such excellent remedies as galvanism and the internal use of steel.—*Lancet*, Nov. 6, 1858.

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Obscure Tumour.—On the 3d of October a healthy-looking man, in the prime of life, was brought into the theatre of St. Bartholomew's Hospital, with a large swelling situated at the posterior and inner aspect of the right forearm, at its upper third. The true nature of this tumour none of the surgical staff of the hospital would venture to pronounce; Mr. Paget, however, intended to make an exploratory incision, and to be guided as to his further procedure by the nature of the growth. The patient was an artisan employed in the Portsmouth dockyard, and many years ago had the affected arm crushed by machinery, the old scars of which injury were visible over the seat of the tumour. A short time after this accident he noticed a small lump or swelling, which increased at first slowly, but latterly with more rapidity.

Mr. Paget stated that this growth would most likely be found to be one of five kinds of tumour; thus it might be carcinoma, or an hydatid, or a chronic abscess; or it might be due to a diffused aneurism from the rupture of an artery at the time of the before-mentioned injury; or, lastly, it might be a fibrous or fibro cellular growth.

The man was put under the influence of sulphuric ether by Dr. Martin, who used upwards of five ounces before anæsthesia could be accomplished. Mr. Paget then proceeded to operate, and cut down upon the tumour, which was deeply situated amongst the muscles, but which he completely extirpated. A good deal of hemorrhage followed, which at first sight led to the suspicion of its being a diffused aneurism. The growth was of the size and shape of a large pear, and on section proved to be medullary carcinoma, with a strange mixture of buff and yellow substance, and effusions of blood throughout its mass. It was a perfect example of the medullary or soft cancer. On making this discovery, several of the staff recommended amputation of the arm, as the disease was sure to return; but the patient would not give his consent to such a proceeding. The history of the case, however, did not favour the supposition of

its being cancer. The peculiarity of such a case as this is, that medullary cancer should be growing for so many years without pursuing the ordinary course of that form of disease. The patient is going on well, and will most probably recover from the effects of the operation.—*Lancet*, Nov. 6, 1858.

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Mammary Glandular Tumour.—On the same occasion as the operation in the previous instance, a female, aged thirty five years, was brought into the theatre with the mammary glands much enlarged, the right very much larger than the left, but neither affected with malignant disease. It was possible almost at a glance to determine the true nature of the affection here. Chloroform was administered by Dr. Martin, and in a few minutes the patient was unconscious. Mr. Paget proceeded to remove a tumour the size of a large orange, situated behind the gland, in contact with the pectoral muscle, pushing the gland forwards, and thus rendering it very prominent. The tumour was almost enucleated with the fingers alone, and was removed entire, and, on section, showed the ordinary characters of the common mammary glandular, or chronic mammary tumour. This patient had naturally very large breasts, and the tumour in the right gave an hypertrophied appearance to the gland which was truly remarkable, its growth dating back but three years, thus contrasting with that in the previous instance, in which medullary cancer took nine years to acquire a rapidly-growing action. This woman is also doing well.—*Ibid.*

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Varicocele.—There are many ways of radically treating varicocele, some surgeons preferring one method to another, according to its supposed advantages. Thus we have seen obliteration of the spermatic veins effected by the hare-lip pins and twisted sutures, as Mr. Erichsen is in the habit of doing, care being taken, of course, to separate the vessels from the vas deferens. We have observed Vidal's mode employed, of passing a silver pin *behind* the veins, between them and the vas deferens, and a silver wire in *front* of them, and then producing obliteration of the veins by twisting the wire over the pin. A third plan, of ligaturing the vessels subcutaneously, we have seen performed by Mr. Partridge at King's College Hospital, Mr. Hilton at Guy's, and others.

On the 7th August, a young man, aged twenty-three years, with a very large varicocele of the left side, and atrophy of the testicle, was treated in this way by Mr. Hilton. There was a set of large veins in front of the cord, and one single large vein behind it. Those in front only were tied on this occasion, a needle being passed behind them through the skin of the scrotum, and then passing the needle through the same openings in front of the vessels, drawing the other end of the thread through the one opening, and tying the veins beneath the skin. A firm compress was applied over the groin afterwards, to prevent any bad effects spreading upwards. Mr. Hilton has treated four cases in this manner within a comparatively short time, and with success. Two of them we drew attention to on a previous occasion. In the present instance the patient was a boiler-maker, and principally occupied in fastening the rivets, which requires constant standing, and sometimes the use of much force. The result of the operation in this case was quite successful.

On the 6th October, we saw Mr. Erichsen, at University College Hospital, employ Vidal's method of twisting a silver wire on a needle, the latter being behind the affected veins, and the wire in front. The patient was a young man. Up to the present time complete obliteration appears to have ensued.—*Ibid.*

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Menstruation during Lactation and Pregnancy.—The occurrence of menstruation during lactation is a fact well known to most accoucheurs, as many women habitually menstruate during that period. But menstruation during pregnancy is rarely witnessed. On this point, Dr. Tyler Smith, in his *Lectures on Obstetrics*, remarks: "During pregnancy, as the rule, the catamenia are absent, the cases in which a regular sanguineous discharge occurs during the whole of pregnancy being exceedingly rare. A discharge of blood for one or two periods after the occurrence of impregnation is more common. The great majority of women do not menstruate during lactation, but menstruation during suckling is by no means so unusual as the occurrence of this function in pregnancy." Any case, therefore, in which the ordinary rule is reversed will prove of interest, and one of this kind was admitted as a patient at the St. Pancras Royal Dispensary, under the care of Dr. Gibb.

Eliza M——, aged thirty-one years, has had six children and one miscarriage. The last child was born January 24, 1857, and is, therefore, twenty-one months old; it has been suckled till about three months ago, when it was weaned. The catamenia have regularly appeared during the whole time of suckling and since the child was weaned, and now the mother appears far advanced in pregnancy, expecting her confinement in December. She has "lost count," she says, from the suckling and catamenia; but Dr. Gibb believed that the beginning of November was more likely to be the time. She felt the movements of the child *in utero* in the early part of July. Her feelings at the present moment are pain and weakness in the back, and the appearance of being at her full time; lately she has been occasionally in severe pain at night, at the lower part of the back and stomach, but not like that of labour. The catamenia are thick, and of a dark colour, and have appeared most regularly up to six weeks ago.

Now, what is worthy of special notice in this case is the appearance of the catamenia during a long period of suckling. The patient becomes pregnant during that time, and the catamenia continue, as if she were in an unimpregnated state, up to within a few weeks of her confinement. Menstruation has been persistent during lactation and the supervention of utero-gestation.

An equally interesting case of menstruation during pregnancy, but not during lactation, under Dr. Hewitt's care at the Samaritan Hospital, we recorded some weeks back (*ante*, p. 91).—*Ibid.*

MEMOIR.

Report on Anæsthesia and Anæsthetic Agents. By R. M. Glover, M. D., F. R. S. E.

No. III. *Fatal Cases of Chloroform Poisoning (Continued).*—There is considerable difficulty in giving a correct list of the deaths from chloroform. Some are given in particular journals and not in others; some are barely alluded to in newspapers. In the January and April numbers of the *British and Foreign Medico-Chirurgical Review*, for the year 1852, are two articles by me; the first, on "Anæsthesia and Anæsthetic Agents;" the second, on the "Practical Applications of Anæsthesia." The first contains a list of twenty-three fatal cases. At a meeting of the Medical Society of London, in the beginning of March of that year, Dr. Snow read a paper on the "Cause and Prevention of Death from Chloroform." He enumerated eighteen cases. Dr. Crisp, to whose analysis of the cases I shall recur, reckoned twenty cases in the discussion which ensued. Dr. Richardson said that "there were fatal cases from the use of chloroform to which neither Dr. Snow nor Dr. Crisp had alluded, and with which, consequently, he believed they were unacquainted. One of these had occurred lately, at Bruges. He knew of two more cases in which the exhibition of chloroform had proved fatal; they had not been published, but he was aware of their having occurred." No doubt many cases have occurred which have escaped publication. I had taken much trouble to form a complete list of cases of poisoning by chloroform—*i. e.*, as complete as possible; but the appearance of the posthumous work of Dr. Snow renders my labour to a great extent superfluous, as it contains a very full list, including one or two with which I was unacquainted. My plan, however, requires that I should go through the list of fatal cases, as briefly as possible. Besides, many readers of the *Lancet* will have no opportunity of consulting the work of Dr. Snow.

Case 4.—Patrick Coyle, in America, March, 1848. Disease, fistula. Chloroform had been previously used once. Time of inhalation, one minute; quantity consumed, about thirty drops. The pulse suddenly sank. The lungs were tubercular, with abscesses in each; the heart pale and soft; two or three ounces of serum were found in the pericardium; the bloodvessels contained dark fluid blood.

Case 5, an important one, occurred at Boulogne. A report of it was read to the Academy of Medicine on July 4, 1848. Mdlle. Stock, aged thirty, had a fall from a carriage, and was wounded by a splinter of wood, which penetrated the skin of the leg and buried itself there. An abscess formed, which M. Gorré proposed to open. About fifteen or twenty drops of chloroform were placed on a handkerchief. She had scarcely begun to inhale, when she placed her hand on the handkerchief to withdraw it, and said, in a plaintive voice, "I choke." The handkerchief was withdrawn, and the operation proceeded with; but almost im-

mediately she turned pale, the breathing became embarrassed, and she foamed at the mouth. She rapidly became inanimate. Frictions on the temple, cold affusion, artificial respiration, and ammonia, were employed to restore life, but in vain. The autopsy, made twenty-four hours after death, showed, chiefly, that the lungs were engorged with dark fluid blood, the mucous membrane of the bronchi of a bright red, the heart flaccid and empty, and some serum in the pericardium.

Case 6 occurred at Hyderabad, in the East Indies. Operation, amputation of second phalanx of middle finger of the left hand. A drachm of chloroform was administered. She coughed a little, scarcely a drop of blood escaped, but she never breathed again. Artificial respiration and other means were employed in vain. No post-mortem examination.

Case 7.—Read before the Academy of Medicine, July 11, 1848. A man, named Daniel Schlyg, corpulent, was wounded in the previous month by a bullet, which fractured the femur, so that it was necessary to amputate at the hip-joint. Chloroform was administered by means of an apparatus. At the end of three or four minutes some convulsive movements occurred; the excitement was soon followed by relaxation and stupor. The operation was commenced, very little blood was lost, and consciousness beginning to return, the chloroform was reapplied. In a few seconds the countenance became pale and the lips discoloured, the pupils dilated, and the eyes turned up. The operation was suspended, and every means employed to restore life, but in vain. There was no autopsy. M. Robert was of opinion that the death took place from syncope.[1]

Cases 8, 9, 10.—(M. Malgaigne). One of the wounded of June, having had the humerus broken by a ball; gangrene of the wound; disarticulation of the shoulder-joint; death during the last incision. Case at the Hôtel Dieu, of Lyons: Charles Desnoyers, aged twenty-two, of scrofulous habit; white swellings of the left wrist; chloroformization, with an apparatus, for five minutes; transcurrent cauterization of the joint; death at the commencement of the operation. Example pointed out by M. Guérin, as having taken place at the Bicêtre in September, 1848: patient chloroformed; disarticulation at the hip-joint; death before the end of the operation.

Case 11, at Govan; a young gentleman, just arrived from Australia. (See *Medical Gazette*, for Jan. 5, 1849) Death took place during chloroformization for removal of a great toe nail. No satisfactory account.

Case 12, that of Mr. Badger. According to the statement of the brother of the deceased at the inquest, Mr. W. T. Badger, aged twenty-two, was a healthy, muscular young man. After running, and taking violent exercise, he was apt to be somewhat out of breath, "like other people," but had no habitual difficulty of breathing, and was not subject to fits of any kind. On the 30th of June, 1848, Mr. Robinson administered chloroform, preparatory to removing some stumps of teeth. About a drachm and a half of chloroform were put on the sponge of an inhaler, which was held at a little distance from the mouth. He said it was not strong enough—"Make it stronger." Mr. Robinson then asked a girl for the bottle containing the chloroform; but before he could take it from her to apply more to the sponge, the head and hand of the deceased gentleman dropped. All efforts at resuscitation proved unavailing. The face was livid, the pupils were dilated, and the temperature of the body lower than natural. The chief morbid appearances were—slight congestion of the lungs, thinness of the walls of the heart, and fatty deposition, disease of the valves, and great enlargement of the liver.

There has been some doubt thrown upon the cause of death in this case, owing to the undoubted existence of heart and liver disease. But there is nothing to show that this young man, apparently in perfect health, might not have gone on long without a sudden termination to his life, had it not been for the chloroform.

About this time occurred the death of a Mr. Carruthers, a gentleman of fortune in Scotland, from the incautious use of chloroform as an intoxicating agent. One night he was found dead.

[1] I find the following strange paragraph in the *Revue Médicale* for 1848, p. 558:—

"Death by Chloroform.—A young female, daughter of a baker of New York, having had recourse to chloroform in order to have a tooth removed without pain, could not recover from the torpor into which this inhalation plunged her. She was buried for dead. Some days afterwards, doubts having been raised, the coffin was opened, and it was discovered, with horror, that this unfortunate had been buried alive.—*Herald of New York.*"

Case 13.—J. Griffith, a seaman, admitted into a New York Infirmary, in December, 1848, for cankers and hæmorrhoids. Chloroform was first administered to examine the condition of the rectum. He recovered, and on the 19th of January was again subjected to its influence, for the purpose of performing circumcision, and the removal of two external tumours of the rectum and tying one internal, by Mr. Gordon Buck. He was at first excited, but became tranquil, and the operation on the rectum was performed. "At this moment my attention was arrested by my assistant calling for a wet towel. On examining the patient, I found his head and neck of a livid, leaden hue, the eyes turned upwards." Pulse imperceptible at wrist, and the whole body relaxed. After two or three gasps, he ceased to breathe. Every means were used, without effect. The chief appearances were: Lungs everywhere a good deal congested, and discharged, when cut, a large quantity of bloody serum. The heart was large; its ventricles and auricles were empty; its condition flabby; the substance of the left ventricle rather thinner than natural. About half an ounce of watery fluid was found in the pericardium.

Case 14.—J. Verrier, aged seventeen, of lymphatic temperament, but apparently good constitution, was operated on by M. Barrier, of Lyons, on the 14th January, 1849, for necrosis of the first phalanx of the middle finger of the right hand. In five minutes, from a drachm to a drachm and a half of chloroform had been administered on a handkerchief. He was then completely chloroformed. The pulse was regular and of normal strength. The operation was performed. He raised his body, and struggled violently. In a quarter of a minute afterwards the pulse had ceased to beat, and there was no respiration. The handkerchief was removed. External stimulants and artificial respiration were employed in vain. The heart was found flaccid and empty; the lungs throughout black and engorged; blood everywhere fluid and dark. M. Barrier ascribed death to syncope.

Case 15.—A mason's labourer, aged thirty-six, was operated on by Mr. Brown, of the Western Dispensary at Westminster, on the 14th of February, 1849, for gangrene of the toe, caused by a wheel having passed over it. Half an ounce of chloroform was put on a handkerchief, and held over the mouth and nose, care having previously been taken to ascertain the non-existence of thoracic disease. This quantity, however, failed to produce any effect, except excitement and struggling, and a man was sent for more. He was absent about two hours, during which the patient quite recovered. Half an ounce more was then exhibited in a similar way, care being taken to allow the introduction of air at short intervals. After a period of excitement, lasting two or three minutes, insensibility was produced, and the operation was proceeded with, and lasted about two minutes. Little or no blood was lost. At its close, pallor spread over the body, the features assumed a ghastly expression, and respiration and circulation ceased. Brandy was poured down the throat (notwithstanding Professor Simpson's opinion of the cause of death in Hannah Greener), hot bottles applied to the feet, and the cold affusion and artificial respiration employed. The post-mortem was not made till two days afterwards. On examining the chest, "the lungs were found of large size, not collapsed, of a dark venous hue throughout, and full of blood, a large quantity of blood escaping from them when cut into; they were, however, everywhere crepitant, and free from disease, save a few carbonaceous spots. On opening up the trachea and bronchi, the mucous membrane presented a very congested appearance, being of the colour of dark port wine. This depth of colour was more remarkable in the smaller divisions of the bronchi. The bronchi also contained a small quantity of frothy mucus, slightly tinged with blood. The heart was rather large, but flabby, and its walls collapsed. The auricles were empty; the right ventricle contained about an ounce of semi-fluid blood, and about an equal quantity of similar and venous-coloured blood was found in the left ventricle, but without a trace of a fibrinous clot." These were the chief appearances bearing on the cause of death. At the inquest, the jury returned a verdict "that the deceased, Samuel Bennett, died of chloroform properly administered."

Case 16.—This occurred at Langres, in France, on the 25th of February, 1849. Madame Labrune, aged thirty-three, mother of a family, appeared full of life, but somewhat nervous and excitable. Had been several times etherized for the extraction of teeth. M. Confevron, on this occasion, was

called in by a dentist to administer chloroform for the same purpose. He placed on the handkerchief of the patient a piece of cotton as big as a nut, saturated with less than a gramme (15 434 grains) of chloroform. After a few inspirations, the effect appeared to be produced, and M. Confevron told the dentist that he might go on, but the patient indicated by signs her wish to breathe more. After four or five deep inspirations. she fell back; the handkerchief was then thrown aside. The face was pale, lips discoloured, features altered, eyes turned up, pupils dilated; there was no pulse, and the limbs were relaxed. Means were in vain employed to restore animation. On inspecting the body, the brain was found to be congested, and its membranes gorged with black fluid blood. The lungs were of a grayish hue, sprinkled with red. M. Confevron concludes that the appearances were those of asphyxia; and adds that, in his opinion, chloroform should not be used except in serious cases.

Case 17 is that which happened in the practice of Mr. Solly, at St. Thomas's Hospital. John S——, aged forty-eight, a porter, of active habits, but intemperate, apparently in excellent health, was admitted for onychia of the left great toe, on the 9th of October, 1849. On the 10th, at a quarter to two P. M., he began to inhale chloroform from an inhaler containing a drachm. There was no effect for about two minutes. He then became excited, when the inhaler was removed, and about ten drops were added. He then, almost immediately, became insensible, and the nail was removed. The patient remained insensible, the face became dark, pulse small and quick, but regular, and the respiration laborious; his neckerchief was removed, and the chest exposed to fresh air from a window near; cold water was dashed on the face, the chest rubbed, and ammonia applied to the nose. He struggled for about a minute, and then became quite still. The skin cold, pulse scarcely perceptible, and soon ceased along with the respiration. He died in about five minutes from the commencement of the inhalation. No post-mortem examination.

Cases 18, 19, 20.—A Welch girl, who died at Shrewsbury; the intended operation was the removal of an eyeball, but no operation was performed. Only a small quantity of chloroform was used. Death, as if from apoplexy.—A boy of twelve years, chloroformed at Madrid for an amputation of the leg. Death during the operation, after a violent tetanic spasm.—A case in the Hôtel Dieu, under M. Boux; a woman affected with cancer of the breast. Chloroformization, and removal of the breast. Death before quitting the amphitheatre.

Case 21 occurred at Berlin. A young lady, of twenty years of age, of good constitution, was chloroformed for the removal of a tooth. Only a few drops of chloroform were used at a time. Five unsuccessful attempts were made to extract the tooth—three, in the morning at nine; and two, about two P. M. At the commencement of the last attempt, she suddenly died, stretching herself out, and frothing at the mouth, the countenance becoming livid. At the post-mortem examination, fifty hours afterwards, when putrefaction had set in, the heart was soft, flabby, and collapsed.—*Lancet*, Oct. 23, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Philadelphia Hospital, Blockley.—We are much gratified to be able to announce that this large hospital, containing over a thousand patients, is once more open for clinical instruction.

Clinical lectures will be delivered there every *Wednesday* and *Saturday*, from 9½ to 11½, A. M.

Clinical Medicine, by Dr. J. B. Biddle.
Clinical Surgery, by Dr. D. H. Agnew.
Clinical Obstetrics, by Dr. R. A. F. Penrose.
Psychological Medicine, Dr. R. K. Smith.

Tickets, $5, to be had at the office of the Guardians of the Poor, No. 36 North Seventh Street.

The West Philadelphia Cars and Omnibuses go very near the gate.

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Biological Department of the Academy of Natural Sciences of Philadelphia.—This new established active society has issued the following circular, to which we would ask special attention:—

The General Committee of the Department, in order to invite and encourage combined labour upon subjects connected with physiology and pathology, recommends the following for immediate investigation:—

1. *The formation of fat in the bodies of animals when deprived of all food containing oleaginous matter.* Dr. J. LEIDY, Chairman.

2. *The changes occurring in the human excreta during fevers and inflammations.* Dr. F. G. SMITH, JR.

3. *The exact cause and nature of the rigor mortis; is it the last act of vital contractility, or the result of merely physical changes in the muscle-fibre?* Dr. E. HARTSHORNE.

4. *The influence of the internal use of the alkaloids, quinia, cinchonia, morphia, and strychnia, upon tissue-metamorphosis.* Dr. W. A. HAMMOND.

5. *The circumstances which determine the existence of sugar in the blood, and which occasion its presence in the urine.* Dr. W. A. HAMMOND.

6. *The physiological position of the blood-fibrin.* Dr. W. F. ATLEE.

7. *The elimination of ammonia from the lungs in health and disease.* Dr. J. C. MORRIS.

8. *The absorption of muscular fibre; in what part of the alimentary canal is it effected?* Dr. H. D. SCHMIDT.

9. *The statistics of height, weight, &c., of the human race in North America.* Dr. S. W. MITCHELL.

10. *The variations in the amount of ozone in the atmosphere, and their connection with epidemics.* Mr. J. H. SLACK.

11. *The influence of ingesta upon the composition of the milk.* Dr. J. M. CORSE.

12. *The existence of an epithelium in the air-vesicles of the human lung.* Dr. J. J. WOODWARD.

13. *The comparison of mucus, pus, and exudation-corpuscles with each other and with the white blood-corpuscle, and the study of their relations to epithelial structures.* Dr. J. J. WOODWARD.

14. *The minute anatomy of the nerves and nerve-centres.* Dr. G. R. MOREHOUSE.

The following subjects have also been proposed to the committee for consideration and present or future investigation:—

The relation between cell-development and motorial phenomena.

The magnifying powers of object-glasses; and the relations of angle of aperture, definition, and resolving power.

The effect of extreme states of fixed inspiration and expiration upon the pulse in health and in disease, especially of the heart and lungs.

The possibility of forming an ammonia having two equivalents of hydrogen replaced by two of the electro-negative radical butyryl, thus forming the natural alkaloid coneine.

The development of the opossum.

The physiological effects of muscular exercise.

The chemical and microscopical characters of the feces in health and disease.

The effects of the inhalation of certain gases and vapours.

The degree of alkalinity of the blood in health and disease.

The metamorphosis of tissue as affected by sleep.

The effects of the local application of carbonic acid.

The rationale of the action of the sun in darkening the skin.

The true value of microscopical examination of the sputa in the diagnosis between phthisis and chronic bronchitis.

The questions—1. What special structural characteristics accompany the constitutional symptoms of cancer; and, if any, can such structural characteristics exist without the constitutional symptoms? 2. Can cancerous growths properly be termed heterologous; or, if not, with what tissue are they homologous?

Members of the Academy, or others, desirous of taking part especially in the investigation of any of the subjects first enumerated, are requested to forward their names, at an early period, to the gentlemen whose names are, above, connected with them, at their residences, or at the Academy of Natural Sciences, Broad and George Streets. It is not designed to limit the time of the investigation of any of the questions proposed, except by the accumulation of positive results; which, when obtained, will be published, with due credit to each observer, in the Biological portion of the Proceedings of the Academy of Natural Sciences.

H. HARTSHORNE,
Recorder of Biol. Department.

October, 1858.

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New York State Inebriate Asylum.—The corner stone of this institution was laid on the 24th of September last, with the impressive Masonic ceremonies. The Grand Master of the State of New York, and many other high dignitaries of the order,

officiated in the exercises. Speeches were made by the Hon. Edward Everett, Hon. B. F. Butler, Hon. D. S. Dickinson, Dr. John W. Francis, and the Rev. Dr. Bellows. A poem was also read by Alfred B. Street, Esq.—*Buffalo Med. Journ.*, Dec., 1858.

Mr. Everett's address is said to have been one of his happiest efforts. We trust that a similar institution will be instituted in every State in the Union.

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Dartmouth Medical College.—At a commencement held on the 10th of November, the degree of M. D. was conferred on nine students.

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Pharmaceutical Laboratory.—Dr. Edw'd R. Squibb, lately a passed Assistant Surgeon in the U. S. Navy, and for some years Assistant Director of the Naval Laboratory at New York, has established a laboratory at No. 140 Furman St., Brooklyn, N. Y., for supplying a class of medicinal preparations that shall come fully up to the standard of the National Pharmacopœia.

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Tilden & Co.'s "Improved Compound Cathartic Pills."—A correspondent of the *Boston Medical and Surgical Journal* (No. for Nov. 25, 1858) complains that the so-called "*improved* compound cathartic pills" of Tilden & Co, so far from being a mild cathartic as represented, are painful and severe in their operation, and the editors of the above journal state that their experience with the pills confirms their correspondent's statements.

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The New York Medical Press.—This is the title of a new journal, the first No. of which was issued on the 4th of Dec. 1858. It is designed to present reports of the most important cases presented at the College Cliniques, in the various hospitals, dispensaries, and other public institutions of New York, of lectures, &c. &c. The editors are J. L. Kiernan, M. D., and W. O' Meagher, M. D. The No. before us is well got up, and promises well for the future.

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The Physician's Pocket Day Book, Visiting List, Diary, and Book of Engagements for 1859.—Messrs. C. J. Price & Co., No. 33 South 6th St., have just issued this useful pocket volume. It is well arranged, compact, convenient, and admirably suited to fulfil the purpose for which it is designed.

Obituary Record.—Died, in New Orleans, on the 28th of October, 1858, J. M. W. Picton, M. D., Professor of Diseases of Women and Children in the New Orleans School of Medicine.

FOREIGN INTELLIGENCE.

Mortality after Amputations.—At the first ordinary meeting of King's College Medical Society, held 28th October, Mr. Arthur Ernest Simsom read his prize essay "On the Mortality after Amputation of the Extremities, and the Causes of that Mortality." After a sketch of the history of amputation, specially with reference to those circumstances which tended to increase or decrease the rate of mortality after the operation, the author proceeded to the general question of the fatality in later times. Statistics showed that this, in military practice (traumatic amputations), was, and the same in civil practice (principally pathological amputations), in about the ratio of 47 to 27. In hospital practice, the mortality had been apparently increasing from 1835 to 1857, from 20.27 to 33.96 per cent. Amputation seemed to be more favourable than herniotomy, but less so than lithotomy. The rate of mortality in the provinces is considerably less than that in London. The mortality, after the removal of the upper, compared with that after amputation of the lower, is as about 3 to 4. Secondary amputations are much more fatal than primary. The operation, according to the tables of the author, is attended with the least mortality when done in cases of diseased joints; with the greatest, in cases of phlegmonous erysipelas. The question of anæsthesia was next entered upon, and a history given of the controversy on this subject. The author thought that the increase in the mortality in late years, might perhaps be due partly to the depressed (ulterior) effect of chloroform in severe cases, and partly to other circumstances, especially the growing practice of resection, whereby the worst cases only were reserved for amputation. The ultimate causes of death were next discussed, and the most frequent of these was shown to be exhaustion. Since chloroform, the mortality from shock had been reduced to a minimum. The effects of crowded hospitals, zymotic influences, &c., were next entered

on. A vote of thanks was unanimously accorded the author, and an animated discussion ensued.—*Lancet*, Nov. 20, 1858.

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Metallic Ligatures.—Prof. SIMPSON is continuing his investigations into the uses of metallic ligatures. He now proposes to treat hydrocele by the use of a metallic seton as a far safer proceeding than tapping and injecting. Believing that metallic wires passed through the sac of a hydrocele would act, first by draining off the fluid, and secondly by exciting adhesive inflammation, he put his idea to the test on a patient of Dr. Young's. The sac was first transfixed from below upwards by a long-handled needle. The eye was then threaded with three or four fine pieces of iron wire. By withdrawing the needle the seton was drawn into its place and fixed. The fluid drained off in a few hours. Adhesive inflammation set in and went on for two days, when it began to subside. The wires were removed on the third day, and the case was regarded as a complete cure, the vaginal sac being firm and consolidated. For tapping arteries and assisting bleeding in surgical operations, Dr. Simpson is also showing that metallic sutures are likely to be very useful. Dr. J. Murray tied the carotids of a cat with palladium wire seven months ago, and Dr. Simpson showed these vessels lately in Edinburgh. They were completely obliterated, and there had been so little thickening or exudation around them that it was difficult at first to trace them. Had they been organic ligatures of silk or hemp, they would long before seven months had elapsed have set up suppurative action. These facts should be known to practical men—they are likely to have great influence on the surgery of the "good time coming."—*Med. Times and Gaz.*, Dec. 4, 1858.

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Death quickly produced by the Inhalation of Two Drachms of Chloroform in the First Stage of Natural Labour.—Dr. Robt. Lee has communicated to the *Medical Times and Gazette* (Nov. 6, 1858) the following case detailed to him by Dr. JOHN CAMPBELL, of Largs, Scotland:—

"I had been in the habit of attending Mrs. ——, since January, 1850. She lived at Wemyss Bay, a distance of upwards of six miles from Largs. Mrs. —— was then pregnant for the first time. During the whole of February she had repeated attacks of hemorrhage from placenta prævia. On the 2d of March, labour came on, accompanied with hemorrhage, and as soon as the os was sufficiently dilated, I put her under chloroform, and delivered her by turning. This was most successfully performed so far as the patient was concerned, but the baby was stillborn. Since that period she has been six times pregnant, and she had chloroform at each of her confinements: at least I am told so, for at two of these labours I did not arrive in time to witness delivery.

"It is not my practice to give chloroform in natural easy labours. I think it justifiable only in cases of unusual suffering, or where painful manual assistance is necessary; but Mrs. —— having experienced the comfort of exemption from pain, and no unpleasant result from the use of it, insisted on having chloroform, and her husband would give it. When I was present I took care that it was sparingly and cautiously given, and, as it happened, always with a satisfactory result.

"On the occasion of her last and fatal labour, I understood I was to be called as usual; but for some reason not very satisfactorily explained, I was not sent for. I had made a friendly call for her on the 15th September, and found her pretty well and in good spirits. Her time was then up; and her nurse, who is a midwife of considerable experience, had been with her from the 4th. On the morning of the 20th, I had occasion to go to Wemyss Bay to visit a patient, and I landed at the pier at ten minutes past eight A. M. I was met by a servant of Mrs. ——, who told me that she was alarmingly ill, and begged me to go to her without delay. I went directly, *and you may guess my horror when I found her stretched lifeless on the bed!* She had been dead about ten minutes; I spent about half an hour in fruitless attempts at reanimation. I was told that she had begun to complain at two o'clock, and had been moving about and very cheerful all the morning. About twenty minutes to eight expulsive pains came on, when she called for chloroform; on giving it probably for the fourth time, *she threw herself violently back, gave a gasp or two; a slight gurgle was heard in her throat, and respiration and the pulse instantly ceased.*

"The head was resting on the perineum. If I had had forceps at hand I might have brought away the child easily; but, as a

matter of course, the cry was, 'Can nothing be done to save the mother?" and after these attempts it was useless to effect delivery. The quantity of chloroform given in all probability did not exceed two drachms. The bottle from which it was taken could not have held more than an additional half ounce, and it was not full when Mr. —— began to administer it.

"I applied for a post-mortem examination, but it was declined.

"The chloroform was given on a common muslin handkerchief."

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New Remedy for Gout.—The *Abeille Médicale* mentions the oil expressed from horse-chestnuts as a specific for gout. The oil, well rubbed in, exerts at first a painful, but rapidly a sedative, effect; lint and oil-skin are then applied to the affected part. Evaporation is checked as much as possible, and perfect repose enjoined upon the patient. The treatment is said to be most successful. —*Lancet*, Oct. 30, 1858.

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Fatal Tetanus Following the Application of Caustic.—Dr. Bourgeois relates the case of a peasant, 18 years of age, whose arm it was proposed to amputate on account of what was supposed to be a fibro-plastic tumour. The patient, alarmed, left the hospital, and a practitioner applied caustic over the whole surface of the tumour. After this, he returned home, and a few days afterwards, before the eschars had separated, the patient was seized with tetanus, which carried him off within thirty-six hours, ten days after the application of the caustic.—*Union Méd.*, No. 16.

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Tannate of Lead, according to M. Leclerc, Physician of the Hôtel Dieu de Lyon, is the best of all applications in bed-sores; if applied in time, it almost always prevents sloughing. It is prepared by boiling 32 parts of oak bark in 250 parts of water, and reducing it by boiling to 125; to this, filtered, is added, *extrait de saturne* as long as a precipitate is thrown down. This precipitate is laid on the menaced part of the skin with the finger in a thick layer, and then covered with linen.—*Med. Times and Gaz.*, Dec. 4, 1858.

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Diphtherite and Croup.—A French journalist suggests that it is time his confrères began to pay a little attention to the medical treatment of these diseases; of late, the recommendations for their cure have been all of a surgical kind. Perchloride of iron has been lately lauded as an admirable topic to the false membranes in the throat. M. Gigot found that the perchloride diminished and in some sort mummified the false membrane, and readily caused their separation. In thirty cases of diphtherite observed at the Hospital Sainte Eugénie, medicine does not seem to have been of any service. Large doses of ipecacuanha were given in vain, so also calomel and alum; chlorate of potass was found useless. In four patients the internal surface of the larynx was cauterized several times with nitrate of silver, by aid of M. Loiseau's instrument; but the operations were not followed by the results noted by its inventor. In the great majority of cases tracheotomy was had recourse to.—*Med. Times and Gaz.*, Oct. 30, 1858.

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Recovery after Rupture of the Uterus.—A workwoman, 48 years old, in childbed with her sixth child, in the midst of a pain screamed out and fainted. On recovering, she complained of a continued pain over the pubes, passing through the abdomen and up to the stomach. M. Maes at once suspected rupture of the uterus and peritonitis, and delivered the woman by the forceps. The child was dead, and after the placenta came away, a knuckle of intestine presented itself at the vulva. This M. Maes reduced, and found a rupture in the anterior portion of the womb. He retained his hand in the womb until contraction commenced, and then plugged it, in order to excite contractions and prevent the production of a hernia. Four days afterwards pain and fever had ceased, and in four weeks the woman returned to her ordinary labours. The commissioner who reported on this case considered the plugging bad and dangerous; it might have arrested the lochia, distended the uterus, and opened up the rupture.—*Med. Times and Gaz.*, Nov. 26, 1858, from *Annales de la Soc. de Méd. de Gand.*

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Enormous Mammæ.—There is at La Charité, at the present time, a young girl, 17 years old, small in size, who has two enormous breasts. They appear as two large pedunculated appendices, weighing, the one about twelve pounds, and the other about eleven pounds, and reaching down to

the pubes. The circumference of each pedicle is 0.45 centimetres; that of the breasts at their largest part 0.70 and 0.68. The mass is made up of hard bodies, more or less separated, which are evidently hypertrophied lobules of the gland. The whole organ, however, is manifestly hypertrophied gland, cellular tissue, and skin. The nipple is extremely large. The menses appeared at her 16th year, then disappeared for eight months, and have never been regularly established. The enlargement began two years ago, without any apparent cause. The breasts will have to be removed—a dangerous operation. Lately in the *Annal. Univers. de Médic.*, there was a case of a woman in whom the hypertrophy began with her being with child. In three months the weight of each breast was calculated to be 14 or 15 kilogrammes—about 26 pounds. The young woman was confined. Lactation was abundant; and in five months the breasts were reduced one-half in size, but shortly after she died from enteritis.—*Ibid.*, from *Gaz. Hebdom.*

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Puncture of the Abdomen.—A labourer, 42 years old, had been for some years subject to constipation. Lately the constipation had become habitual, and on the 19th of January he was suddenly seized with nausea, anorexia, vomitings, with vain attempts to evacuate the bowels. The symptoms continued, and on the 19th the belly was swollen enormously, colicky pains severe, and pulse 80. M. Trincot ordered him sixty grammes of castor oil and purgative injections. Next day the patient was better, and passed a very small quantity of feces. Ten leeches were applied to the iliac region over the seat of pain. Loud borborygmata were heard. M. Trincot diagnosed rupture of the intestine. On the 26th the symptoms all became worse, and the patient, being in a desperate state, M. Trincot introduced a small trocar midway between the umbilicus and ilium, where the distention was greatest. Three or four litres of gas escaped with a hissing sound. The operation gave complete ease to the patient, relaxed the lower part of the abdomen, but not the epigastrium. The next day the abdomen was again swollen; but now something gave way, and the patient passed three litres of feculent matter. On the 2d February three other stools; on the 3d, enormous quantity of flatus, and so on for several days. M. Trincot considered that but for the puncture, death was inevitable. —*Ibid.*, from *Moniteur des Hôp.*

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Menstruation in Monkeys.—The fact of these animals being subject to a periodical sanguineous flux has long been known; but its exact nature has not hitherto been defined. M. Neubert, of Stuttgart, has lately settled the point. He has had in his possession since 1830 forty monkeys, whose manœuvres he has carefully registered. He found that menstruation was regularly established every four weeks, as in women, and lasted three or four days; and this was observed in several different species. But during the weeks of July and August the flux was absent. There was no difference between the females that lived apart from, and those that lived with males. Menstruation ceased when fecundation existed. The duration of gestation was about four months in the Simia Sabæa. The monkeys of Australia differ; they are in rut only twice in a year, and only permit the male at these periods.—*Ibid.*

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Electric Anæsthesia.—The value of this in removing sensation during operations has been put to the test in Paris by MM. Velpeau, Robert, and Nélaton, and found to be very small. "There must," says M. Velpeau, "be some difference between French and American teeth." But, as in America and in England, so in France, dentists have been found who declare from their own experience in favour of the practice. It would appear, however, that those who thus praise the electrical induction are rather oblivious or ignorant of physiological induction. "Rightly or wrongly," says M. Velpeau, "dentists have, from time immemorial, had the credit of a tendency to exaggeration; but now-a-days dentists are all doctors, and no doubt things are changed in this respect." —*Med. Times and Gaz.*, Nov. 6, 1858.

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Lord Shaftesbury on Preventable Diseases. —"It is a matter for deep and solemn consideration, when we are told that the preventable mortality in this country amounts to no less than 90,000 a year. Let us say 40,000, that is, four lives an hour. We may be told these things are but in the course of nature, and we ought not to interfere; on such we will turn our backs. We may be told these things are costly; but we may

safely answer that it is disease that is expensive, and it is health that is cheap. There is nothing economical but justice and mercy towards all interests, temporal and spiritual, of all the human race. I have also heard it said that we ought to trust a great deal more to spiritual appliances, and that we ought not to think so much of the perishable body. My answer to that is, that spiritual appliances, in the state of things to which I allude, are altogether impossible. Make every effort—push them forward—never desist—lose no moment; but depend upon it that in such a state of things you will, in the end, be utterly baffled. But when people say we should think more of the soul and less of the body, my answer is, that the same God that made the soul also made the body. It is an inferior work, perhaps, but nevertheless His work; and it must be treated and cared for according to the end for which it was created—fitness for his service."—*Med. Times and Gaz.*, Nov. 13, 1858.

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New Medical Council.—At the first meeting of the General Council of Medical Education and Registration of the United Kingdom, held in London, on the 23d day of November, Sir Benjamin Brodie was elected President. The *Lancet*, Nov. 27, announces this election in the following eulogistic and just terms:—

"If any man may legitimately look with pride and satisfaction upon a career of brilliant and undimmed success, unspotted by a moral blot, and darkened by no shadow, but daily more rich in honour, and pre-eminent in usefulness, that man, amongst us, is Sir Benjamin Brodie. Gifted with singular acuteness, with an invincible love of labour, with clear-sighted vision of the truth, and with peculiar firmness and moral ity of mind, he has long filled the public eye with the image of a man who shows how high are the qualities which a great surgeon can possess. In him we have been respected, and by him we would be represented. The honour of election to the office of President of the Medical Council, which on Tuesday night befell Sir Benjamin Brodie, is the highest which the profession possesses in its gift. On Monday next, Sir Benjamin Brodie will be elected President of the Royal Society. It is a rare fortune which crowds distinctions so singular within the space of a few days. It is, perhaps, as unusual that they should be bestowed with common consent, and amidst general plaudits. The verdict of the world of science confirms the voice of the profession, and it is a matter of sincere congratulation—one which is of vast importance to the profession—that our representative is a man whom the wisest and the most powerful intellects in the country have elsewhere elected to a place of authority and weight."

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Royal Society.—Sir Benj Brodie has been elected President of this Society.

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Wholesale Poisoning.— Great excitement has lately been caused in England by a dreadful case of this at Bradford. It seems that an adulterating lozenge manufacturer, named Joseph Neal, sent a messenger to a Charles Hodgson, a druggist, residing in the neighbouring town of Shipley, to purchase an article called "daff" or "daft," a slang term invented to conceal its real character, but which consisted of sulphate of lime, or plaster of Paris. The druggist's assistant, William Goddard, supplied the applicant with twelve pounds of arsenic in place of the "daff,"[1] and the whole of this enormous quantity was added to the proportions of the compound necessary for making forty pounds of lozenges, each lozenge containing nearly nine grains of the deadly poison—that is, sufficient to cause the death, in ordinary cases, of two persons. Of these forty pounds, five pounds were sold in pennyworths and ounces, in the open market-place at Bradford, before the mistake was found out, and it was only discovered by the speedy occurrence of many cases of alarming illness, some of them terminating in the death of the sufferers, not only in the town of Bradford, but in the adjacent towns and villages. Upwards of 200 persons, including both children and adults, were seized with symptoms of poisoning, and of these, twenty are now mouldering in their untimely graves. It is computed that the five pounds of lozenges actually sold, contained sufficient arsenic to poison 2000 persons; there is, therefore, much reason to be thankful that the results, sad as they have been, are not even more fatal and disastrous.

[1] It seems that the "daff" is kept in the cellar of the druggist in a tub alongside of another tub containing arsenic, and the lozenge maker was served out of the latter instead of the former tub.

The Surgery of Venezuela before the Academy of Medicine of Paris.—It appears that our professional brethren of Caraccas, the capital of the republic of Venezuela, have lately had so severe a conflict that no means of restoring peace could be devised save a reference for arbitration to the Academy of Medicine of Paris. The facts are briefly these :—

M. Michelena, rector of the University of Caraccas, and professor of medicine at the same institution, removed from a patient a diseased parotid gland. The case was published by a student who had been an eye-witness of the operation; and it was stated, as to the latter, that neither the external carotid nor the facial nerve was injured. It was further said that the internal jugular vein had been wounded, and that this accident had successfully been met by the lateral application of a ligature to that vessel. Doubts were raised respecting the accuracy of the report; but the operator having declared it correct, the members of the Academy of Physical and Natural Sciences of Caraccas flatly denied the truth of the operative proceedings, founding their opinion upon the impossibility of carrying out the extraction of the parotid gland without injury to the external carotid and facial nerve, and also upon the unlikelihood of a lateral ligature to the internal jugular vein being applied without evil consequences. The professors of the University took up the cause of their colleague, M. Michelena, and the contest became so animated that it was resolved to submit the matter to the Academy of Medicine of Paris. This learned body being called upon, through diplomatic channels, to give a verdict on this cause, intrusted the well-known Malgaigne to report on the matter. This eminent surgeon presented his report on the 26th of October, and stated the questions to be the following: Whether, in the present state of human knowledge, it may be asserted—1. That the complete extirpation of the carotid gland is impossible without dividing the external carotid and the facial nerve? 2. That it is also impossible to apply a lateral ligature to the internal jugular vein, and that there is no example of this operation recorded in the annals of science? 3. In case such assertions were not well founded, whether it is possible that an experienced surgeon has performed this extirpation and the ligature of the internal jugular vein? On the first question, M. Malgaigne decided that it was possible to extirpate the gland without lesion to the internal carotid and facial nerve, in certain exceptional cases, owing to anomalies which have been found in dissections. On the second question, the reporter gives it as the opinion of the committee who have acted with him, that it is scarcely probable that the internal jugular vein was reached during the above-named extirpation, and that the ligature of the vessel cannot be applied with safety; nor would any conscientious surgeon use such ligature after the fatal cases which occurred in the hands of the late M. Roux. The third question required no answer, as it is, under another form, merely a repetition of the two first.

We cannot conclude the account of this strange affair without alluding to the astonishing and very praiseworthy activity of some of the eminent physicians and surgeons of Paris. This report of M. Malgaigne is of great length, and has evidently entailed upon the author immense labour; for everything that is known as to the anatomy and surgery of the operation has been diligently collected and worked in a masterly manner. The other day, M. Trousseau, one of the busiest physicians of Paris, and professor at the Faculty, read an equally long, important, and talented report on "Tracheotomy in Croup and other Laryngeal Diseases, especially as regards M. Bouchut's New Method of Distending the Larynx with a Canula." Where do these men find the time for these elaborate compositions?—*Lancet*, Dec. 4, 1858.

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Measles and Scarlatina.—These diseases are said to be prevalent to an unusual degree in London.

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Table-Turning and Spirit Rapping.—The *Echo Médicale de Neuchâtel* states that there are in the Zurich Asylum twenty persons who have lost their reason in consequence of these practices.

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Cholera at Aden.—For the last two months the shores of Arabia have been frightfully devastated by this disease. Mecca, Hodeida, and Mocha were first visited. It then passed on to Aden, where the Bombay 29th Regiment lost ninety-four men in two days. At the Point, the natives perished by hundreds, the deficiency of doctors contributing to this result. Twelve persons were seized with it on board H. M. Brig

Elphinstone, of whom seven, including Mr. Brigstock, the surgeon, it is to be regretted, died. It is now decimating Makallah, the natives of which district attribute the presence of the scourge to Donati'a comet.—*Lancet*, Dec. 4, 1858.

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Scientific Congress at Carlsruhe.—This Congress has been extremely brilliant. We find that, in the section of Anatomy and Physiology, at the meeting of the 18th ult., M. Schiff, Professor of Physiology at Berne, read a paper on some experiments of his referring to the tactile sensibility of the posterior cords of the spinal marrow. The author thinks that these cords convey the sensation of touch, or of simple titillation; whereas the gray matter subserves general sensibility. In the section of Surgery, Ophthalmology, and Diseases of Women, M. Adelmann, of Würzburg, read a paper "On a Mode of Obtaining Transparent Ophthalmoscopic Images," from Examinations made with the Ophthalmoscope; and M. Langenbeck related a case where a fistulous tract existed, one aperture of which was just above the sacrum, and the other *probably* about the trachea. At the general meeting, no less than nine papers were to have been read, but time did not allow the hearing of all these communications. Amongst these we noticed one by M. Schwarz, of Sigmaringen. "On Rational Medical Doctrines as compared with some erroneous Medical Creeds Prevalent in our Day." This was an extremely witty and sharp critical paper on homœopathy, animal magnetism, hydropathy, &c. In the section of Medicine, on the 22d ult., M. Meissner read, for M. Krause, of Hanover, a paper in which experiments are related corroborating M. Corvisart's views on the function of the pancreas. At the third and last meeting, the Grand Duke and Grand Duchess entered the Hall, just as respectful thanks were being voted to them by acclamation. M. Virchow then read an important paper, "On the Mechanical Phenomena of Life." Before this meeting and the Congress broke up, each member was presented with a medal, struck by order of the Government, commemorative of the Congress of 1858.—*Ibid.*

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Calcium.—At the last sitting of the French Academy of Sciences, M. Dumas read a report on the chemical process for extracting calcium, lately submitted to the Academy by MM. Liès-Bodart and Jobin. Calcium is one of the alkaline metals, and is contained in lime; it was first obtained through the action of the pile by MM. Bunsen and Mathiesen, but in very small quantities, and with great trouble; by chemical decomposition it had never been obtained. M. Dumas himself had, about thirty years ago, vainly attempted to extract calcium from its iodide by means of potassium; but the operation being performed in the open air, the alkaline metal burnt away, and the iodide remained undecomposed. MM. Bodart and Jobin operated according to the same theory, only instead of using potassium they used sodium, which would have led to the same result had they not had the precaution to use an iron crucible with a lid screwed down tight. This apparently irrelevant circumstance has not only been sufficient to determine the defined reaction, but, as M. Dumas observes, has laid the foundation of a new method for attempting the reduction of the other alkaline metals, or for improving the processes already known.—*Med. Times and Gaz.*, Oct. 30, 1858.

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General Provident and Mutual Assistance Association of all the Medical Men of France.—The most distinguished professional men of Paris have for the last few months been engaged in drawing up the laws of this vast and most useful Association. They have just completed their labours, the laws have been approved of by the government, and the Society, of which M. Rayer is the president, is now legally constituted. Considering the great extent of the country, this must be looked upon as a gigantic federation, and we congratulate our French brethren upon the establishment of an Association which is likely to relieve deserving medical men, their widows, or children, who have been visited by misfortune. The smaller societies now existing will gradually merge into the general Association; and we may expect, from a cursory glance at the laws, that every opportunity will be given for the proper working of this wide-spread Association. The old Society of the department of the Seine is the only one which has refused to join. It is but just to state that the Association was throughout eloquently supported by *L'Union Médicale*, the talented editor of which has

succeeded, in spite of some opposition, in cementing together the great professional family of France.—*Lancet*, Oct. 2, 1858.

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M. Cloquet's Resignation.—This well-known professor of surgery, at the Faculty of Medicine of Paris, has just resigned his post, on account of failing health. The Emperor, wishing to prove how highly the long services of M. Cloquet are appreciated, has appointed him honorary professor, with all the privileges attached to the office.

Much excitement exists amongst the surgical world of Paris, as the chair of surgery of the Faculty is declared vacant. That of anatomy will also have to be filled, and it may be foretold that the candidates for both will be very numerous. The faculty have the privilege of presenting to the government a list, from which the professor is chosen. Formerly, these chairs were open to competition.—*Ibid.*, Nov. 13, 1858.

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Quackery in Paris.—There is now at Paris a negro who carries everything before him as a quack doctor. He is a fine man of his race, covered with trinkets and diamonds, displaying great wealth in house, carriages, &c. &c., and obtains the most fabulous fees from the easily-gulled Parisians. Amongst his various feats, *L'Union Médicale* relates the following: He was sent for the other day into a very rich family, where a lady had for years suffered from very obstinate recurrences of fibrous tumours about various parts of the body. The best surgeons of Paris had failed in arresting the disease, and recourse was naturally had to wild systems of medicine; all these, however, including homœopathy, were powerless. Magnetism, necromancy, &c. &c., had their turn, but nothing succeeded. At last, the negro's turn came. When he had cursorily examined the patient, he exclaimed, "This lady is curable, and I shall get her well in fourteen days." "Well, then," said the husband, "undertake the case at once." "My fee is 4,000 dollars; 1,200 dollars is to be paid at once, and 200 dollars on every other visit." Much demur was made to such a demand; but as the quack threatened to go away and leave the lady to her fate, he was allowed to pocket the 1,200 dollars, and has begun the treatment. The result is not known, but may easily be guessed at.

A Medical Bashaw.—Fuad Pasha, foreign secretary of the Sublime Porte, and lately one of the plenipotentiaries at the Danubian conferences in Paris, is a Doctor of Medicine of the Imperial School of Constantinople. Our professional brother, whose father was a celebrated Turkish poet, was born in 1814. Being left an orphan at fourteen, without fortune or resources of any kind, he was received into the house of the Governor of Bagdad. This benevolent man sent him to the Medical School of Constantinople at sixteen, where he so highly distinguished himself that he was finally appointed physician to the hospital of Topana. Dr. Fuad's reputation grew so rapidly that Tahir Pasha appointed him Director-General of the Medical Department in the expedition against Tripoli, and made him, besides, his private secretary. From that period, Fuad Pasha gave up medicine, and came to London in 1840, as first secretary to the Turkish embassy, where he soon became charge d'affaires. He took an active share in the treaty of 1840, and returned to Constantinople on being appointed foreign secretary. Fuad Pasha is one of the most enlightened statesman of the Ottoman empire, and a very active reformer. By his advice lighthouses have been erected on the most perilous points of the Turkish coast, and telegraphic lines established. He has had a large share in the drawing up of the penal code, and has not forgotten his earlier connection with medicine, amidst his numerous and important labours; for it is to his exertions that the Medical Society of Constantinople owes its recognition by the government, and an allowance of £480 a year. Fuad Pasha is not the only medical man who has risen to high public appointments, for we find that the Director of the Medical School has been several times President of the Board of Trade, Governor of Smyrna, &c. Salich Effendi, Professor of Botany at the same school, has the title of Physician-general of the Empire, Councillor at the Board of Trade, and Chief Physician to the Palace. Another medical man, Hairoullah Effendi, is President of the Board of Public Instruction, and member of the superior court of law. Iamaïl Pasha, also a professional man, has been Secretary of State for National Education, and Dr. Servicen has the title of Brigadier-general.—*Dublin Med. Press*, Sept. 22, 1858, from *L'Union Méd.*

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Enucleation of Scirrhus of the Breast.—It is a question often discussed in consultation when a scirrhous nodule is discovered in a breast, or when only a small portion of the mammary gland is affected by carcinoma, whether it is sufficient to remove the nodule or diseased portion, or whether it is necessary to extirpate the entire gland. Many surgeons think that if any operative proceedings be undertaken, the whole gland should be removed; others think that so severe a measure as this exposes the patient to unnecessary danger, and that it is safer and equally effectual to remove the diseased portion only. This, of course, is a question which experience alone can decide—the great question being whether, supposing the patient to do well after either proceeding, which is the more likely to be followed by reappearance of cancer, and at what period after operation? As one fact contributed towards the solution of the problem we record a case in the practice of Mr. Spencer Wells at the Samaritan Hospital, in which he removed a schirrous nodule the size of a large walnut from the upper segment of the left breast of a married woman, 40 years of age, early in November. As the greater part of the gland appeared to be healthy, and the woman was extremely anxious to be rid of the tumour, Mr. Wells proposed to remove it, with the intention of removing the whole gland, if he should find any signs of infiltration of carcinoma beyond the nodule. The integuments were incised, the nodule enucleated by the fingers, and the connection with the gland divided by the knife. Dr. Aitken at once made an examination of the nodule, and found that the gland tissue around it was quite healthy. Accordingly, the operation was concluded

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by bringing the skin together by four iron-wire sutures. There was some venous oozing from the inner end of the incision for three or four days, but the wound healed by the first intention. The woman was not confined to bed, and left the hospital in a week, not mutilated by the loss of a breast. So far there was clearly a great gain over the old practice. Whether the ultimate results of this practice prove encouraging, of course time and many cases can alone decide.—*Med. Times and Gaz.*, Dec. 18, 1858.

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Prolapsus of the Rectum During Lithotomy.—The occurrence of complete prolapsus of the lower bowel during the performance of lithotomy sometimes greatly embarrasses a surgeon, unless he has previously encountered such a complication, or is prepared for any emergency which may arise. The sudden protrusion of a long substance, such as an inverted rectum, has, as Mr. Fergusson stated, given much trouble in the hands of some surgeons when performing the above operation. Although we have now seen this complication present several times, we do not remember such a severe example of it as was submitted to operation at King's College Hospital on the 30th of October by the above gentleman. A child, three years of age, had suffered from symptoms of stone since birth—probably it may have been congenital—and its effects had greatly undermined the patient's health, and produced much emaciation and debility. While under the influence of chloroform, given by Dr. Anstey, lithotomy was performed, and when the stone was being extracted, the bowel prolapsed, and formed a tumour fully four inches long. This, however, did not prevent Mr. Fergusson getting away the stone, and reducing the bowel. The stone, much larger than a pigeon's egg, was a mulberry calculus, coated with a thin layer of the phosphates. Very little blood indeed was lost. The presence of such a body would very naturally irritate a part in such close proximity as the rectum, and produce prolapsus of that organ. Its removal, however, has completely obviated that inconvenience, and the child is advancing towards a good recovery. —*Lancet*, Nov. 13, 1858.

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Vesico-Vaginal Fistula.—It appears from the following extract from a letter from the Paris correspondence of the *Med. Times and Gaz.* (No. for December 18, 1858), that Dr. Bozeman has successfully performed his operation for vesico-vaginal fistula in one of the Paris Hospitals.

"M. Bozeman, to whose appearance in this quarter of the world we made allusion in our last communication, left Paris on the 25th ult. On the day preceding his departure, he removed the sutures from the patient on whom he operated on the morning of the 15th, being the ninth day after the operation. The removal of the sutures took place in the presence of MM. Robert, Nélaton, Verneuil, sundry English and American medical men, and a large collection of students, all of whom were naturally curious to know the result of M. Bozeman's efforts in a case which had been operated on twice without success, once by M. Robert himself, and on another occasion by M. Verneuil. The case, as we previously stated, presented some peculiar difficulties, not the least remarkable of which was the extent of the fistula. The entire "bas fond" of the bladder was destroyed, permitting the free admission of three or four fingers. M. Bozeman ranked it under his fourth category of vesico-vaginal fistulæ. In vivifying the edges of the fistulous opening, the operator unavoidably cut off a small portion of the right ureter, and this little accident (the first of the kind which ever took place in the hands of M. Bozeman in similar cases) exercised, as will be seen in the sequel, some influence on the result of the case. The operation, as may be readily supposed from the extent of the fistula, required considerable time, but was ultimately completed by the introduction of no fewer than ten metallic sutures, being only two less than the largest number ever employed by M. Bozeman in similar cases. As soon as the removal of the sutures was completed, the case was most minutely examined by MM. Robert and Nélaton, both of whom stated in the most emphatic manner that it had succeeded beyond their anticipations. Although it might pass for a cure, still the cure was not complete; and a second operation of a very trifling kind (which, by the way, was predicted by Dr. Bozeman some days before he undertook it) will still be necessary. There remains a very small opening sufficient to admit the extremity of a crow-quill, and this opening corresponds exactly with the point where

the right ureter falls into the bladder. It would seem as if the contents of this ureter (not finding their way into the bladder, owing probably to the passage being obstructed by the sutures) had forced a way into the vagina. But for this untoward circumstance we have no doubt the cure would have been perfect. In the case above related M. B. has, however, reaped laurels, and has left behind him a very favourable impression on the minds of those who have had an opportunity of witnessing the result of his efforts in a case presenting unusual difficulties, and one, moreover, in which one of our best surgeons failed. Of the two cases of vesico-vaginal fistulæ operated by M. Jobert, in the usual way, one succeeded, the other proved a failure.

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Restoration of the Lower Eyelid.—We had an opportunity the other day of again seeing a patient on whom, about three months ago, Mr. Bowman performed a plastic operation for restoring the lower eyelid. A boy of rather delicate appearance was admitted on account of the great disfigurement consequent on total loss of the right lower lid from sloughing after fever. The skin of the cheek was drawn upwards, and was adherent to the lower edge of the orbit, the under part of the globe being exposed. The motions of the eye itself and its sight were perfect. The method adopted consisted in the transplantation of a large flap of skin from the temple, long enough to reach, when twisted over, to the inner canthus. The cheek where united to the orbit was freely detached, care being taken to dissect upwards the adherent conjunctiva, and no portion of the cicatrix being sacrificed. The flap was fully an inch in breadth, and was secured in place by numerous interrupted sutures of wire. The operation was a bold and extensive one, and much interest was excited in the minds of those who saw it performed as to what the result would be. It was necessary on the following day to take up the flap again on account of hemorrhage from its under surface; and, milder measures failing, the bleeding spot was touched with the actual cautery. In spite, however, of this disturbance, very good union resulted and without the least sloughing. At present (nearly three months afterwards) the result is exceedingly good. The lower part of the globe is well protected by the new lid, and although of course the scars are somewhat disfiguring, yet the improvement to personal appearance is most positive. Mr. Bowman attributes the effect obtained —which is certainly better than what we often see after similar procedures—to his having taken a very large flap. This indeed appears to be a main secret of success in plastic surgery. The flap should at the time look as if twice as large as requisite. In the subsequent process of contraction it may then be expected to make a good fit, whereas, if at first of apparently proper size, it will often shrivel up to a mere roll, and be a greater disfigurement than the previous deficiency.—*Med. Times and Gaz.*, Dec. 18, 1858.

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Fragments of a Sea-shell Imbedded for ten weeks in the Eyelid.—A man presented himself on Monday last among Mr. Dixon's out-patients at the Ophthalmic Hospital, with what looked like a large Meibomian tumour in the lower eyelid. There was no inflammation about it, and the skin moved freely over its surface. It felt, however, unusually hard. It was stated to have existed for about ten weeks. On everting the lid there was seen a little mass of granulations, as if a fistula existed opening into the cyst. On passing a probe into this Mr. Dixon discovered some hard bodies in its interior. The opening was enlarged, and three or four portions of a shell, varying in size from the crown of an incisor tooth to the half of a pea, were removed. The man now stated that in "a lark," about ten weeks ago, one of his comrades had thrown a "conch" at him. By a "conch," it appeared, that a murex shell was meant, one of those large spinous shells often seen as chimney ornaments. The shell had struck him on the forehead and eyebrow; and, on careful inspection, two small scars were found at the spots which he pointed out. It would seem that one of the spines had passed just within the margin of the lower lid, and, entering the mucous membrane, had been splintered by striking against the bony edge of the orbit below. No wound, whether of the skin or of the lid, had been inflicted. Mr. Dixon directed the attention of his class to the case as an interesting illustration of how very little irritation smooth and hard bodies sometimes caused when imbedded in living tissues, and also of the admirable provisions of Nature in the construction of the orbit,

the mobility of the globe, etc., against injury to the eye itself.—*Med. Times and Gaz.*, Dec. 18, 1858.

MEMOIR.

Report on Anæsthesia and Anæsthetic Agents. By R. M. Glover, M. D., F. R. S. E. (Continued from p. 7.)

No. IV. *Fatal Cases of Chloroform Poisoning (Continued).*—Case 22 occurred at the public hospital at Kingston, Jamaica, January 29th, 1850. W. Bryan, age not stated, had to undergo the operation of amputation of the penis for cancer. Mr. Maggarth, who administered the chloroform, states: "I had about a drachm poured on a sponge, and applied it over his mouth and nostrils, but at first not in close contact. At no period was the atmospheric air totally excluded. The patient bore it badly, and I was frequently obliged to withdraw it to facilitate the breathing. The stage of excitement which is general came on, and he struggled and kept away the sponge for some seconds. It was again applied, when, after a few more seconds, observing that he had made a stertorous respiration, I removed it altogether. He then ceased to breathe, but after some seconds had elapsed, he made another respiration, and this occurred several times, till at length respiration entirely ceased." Every means of recovery were employed. The brain and its membranes were congested; the right side of the heart contained dark, fluid blood, and the inner side of its left cavities, and the aorta, were stained with blood. There was some disease of the aortic valves; and the heart had undergone some amount of fatty degeneration. The lungs were much congested, especially posteriorly.

Case 23, at the Mauritius, February, 1850. An artilleryman, aged twenty-four, who was chloroformed for the removal of the last phalanx of the middle finger. A drachm of chloroform was used. Death took place almost immediately, as from syncope. Lungs emphysematous. Both cavities of the heart full of black, fluid blood.

Case 24.—A man, aged thirty, affected with hydrocele. Hospital, Stockholm. Two drachms and a half of chloroform were administered on a sponge in a towel, rolled up as a cone. After a few inspirations, rigidity and struggling came on. These subsided, but soon came on more strongly than before, and the towel was withdrawn. The patient not being sufficiently insensible, it was re-applied, when, after a few inspirations, the pulse suddenly ceased, the face and the whole surface of the body became pale, the eyes rolled upwards and inwards, and the breathing became very slow, but full and deep, the intervals between the inspirations becoming longer until they ceased entirely. The man died before the operation was begun, and within five minutes from the commencement of the inhalation. All means of resuscitation were tried. Chief appearances: the right side of the heart and great veins full of dark, fluid blood; the lungs, posteriorly, highly engorged, and exhibiting appearances like pulmonary apoplexy.

Case 25 occurred at Glasgow, March, 1850. A boy of seven or eight years old was chloroformed before the operation for calculus. The chloroform was administered on a piece of lint. Death before the operation. No post-mortem examination.

I shall now give the ensuing cases in a more summary manner:—

Case 26.—A police constable at Guy's Hospital, June, 1850. Removal of a portion of hand. After inhalation from a machine without effect, a napkin was used. The operation lasted one minute and a half, and he was dead before it was over. Great congestion of lungs.

Case 27 occurred at Cavan Infirmary, in Ireland, September 20th, 1850. A man, aged twenty-nine, chloroformed for amputation below the knee. The chloroform was on lint in a sponge; a drachm and a half were given. Death in less than a minute. No post-mortem.

Case 28.—A man, of uncertain age, in Stepney Workhouse, April, 1851.

Case 29—at Strasbourg, June 20th, 1851. A woman, aged thirty-six; tooth-drawing. Lungs greatly congested.

Case 30—at the Seamen's Hospital, Greenwich. A mulatto, aged forty-five, died under the operation of removing right testicle. About seventy minims were administered. A handkerchief was used. Much congestion of the brain and lungs.

Case 31 happened at Chipping Norton. A woman, aged thirty-seven. Here ten drachms and a half were inhaled during

eight minutes to save the pain of removing impacted feces. There was no inspection.

Case 32.— Under Mr. Lloyd, in St. Bartholomew's Hospital. Thomas H——, aged twenty-three. An aneurism by anastomosis, occupying nearly the whole of the right ear, and the soft parts before and behind it. It was determined to try to effect a cure, first by tying the arterial branches communicating with the mass, and then by pressure applied successively to different parts. The operation lasted a long time, and the patient was placed under chloroform for half an hour. This was on the 14th of March, 1852. He recovered favourably; but it was deemed necessary to repeat the operation on the 17th. In between five and six minutes the effect was produced; but hardly had Mr. Lloyd cut the skin when the pulse suddenly ceased. All means of revival were tried, and the respiration did return for a short time, but at length he died. The chief appearances were distension of the right side of the heart and large veins with dark fluid blood. The lungs were collapsed, and not congested; but the mucous membrane of the trachea and large bronchi was greatly gorged with dark blood. There was old cerebral disease, but no recent lesion.

Case 33, at Ulm, June 27th, 1852. A woman, aged thirty-two; operation, tooth-drawing; almost instant death. Lungs congested.

Case 34 occurred at Australia. A man, age not stated. Operation, fistula. About a drachm was administered. Almost instant death. The heart was found diseased, and he had been very intemperate.

Case 35 at Manchester; a factory operative. He was operated on for a malignant tumour of the right thigh, December 16th, 1852. He became insensible in about seven minutes. The operation had hardly commenced, when he gave a strong gasp and expired. "The autopsy showed that asphyxia, produced by the chloroform, was the cause of death. There was congestion both of the brain and lungs." Verdict, "Died from the effects of chloroform."

Case 36—in University College Hospital, March 19th. A woman, aged twenty-three, was chloroformed to prevent the pain of the application of nitric acid to sloughing sores of the labia and vagina. A drachm of chloroform was administered on lint. After a little excitement, she expired. There was fatty disease of the heart.

Case 37—at the Hôtel Dieu of Orleans. A soldier, aged twenty-five, had about a gramme of chloroform administered on a sponge, and then, as no effect was produced, four drachms. He became insensible, and the operation (removal of a small tumour of the lip) was proceeded with. Instant death took place. Great congestion of the lungs; heart excessively flaccid, with some soft clots in right cavities. The surgeon under whose care the case occurred, M. Vallt, says: "Death is preceded by symptoms resembling those of asphyxia, when first respiration, and then circulation, cease."

Case 38—in the Edinburgh Infirmary, October 28th. A man aged forty-three, on whom Mr. Dunsmure was about to operate for stricture of the urethra by perineal section. About an ounce of chloroform was used. He died almost immediately, after a convulsion like an epileptic fit. No particular morbid appearance noted.

Case 39—in University College Hospital. Death previous to an operation for hernia, under Mr. Quain, Oct. 7th, 1853: a woman aged forty. A drachm and about forty minims of chloroform were applied on lint. After much struggling and stertorous breathing, the pulse suddenly ceased. Various attempts at recovery were made. There was fatty heart.

Case 40—at St. Bartholomew's, October 20th, under Mr. Paget's care. Operation, cauterization of a cancroid sore on the vagina of a woman of loose habits, aged twenty-two. An inhaler was used, with a sponge. About a drachm and a half supposed to be inhaled. In about five minutes, when Mr. Paget was about to commence, she was found to be pulseless, and the face turgid and congested. Almost the sole morbid appearance was the darkness and fluidity of the blood.

Case 41 occurred at Vienna. A girl of thirteen, operated on for lipoma. Sudden death almost before the skin was touched.

Case 42—at the Bristol Infirmary, on Jan. 24th, 1854. A woman, aged fifty-nine. Chloroform was administered on a sponge, to more easily reduce a dislocation of the humerus. Only a drachm was used. Death in five minutes. Lungs gorged with dark, fluid blood.

Case 43.—Hôpital St. Antoine, Paris,

spring of 1854; a woman, aged forty. Operation, removal of a uterine polypus. Death in about two minutes. All the organs healthy, but the right side of the heart gorged with dark fluid blood.

Case 44—at Sheffield; a middle-aged lady, for cancer of the left breast. More than an ounce used; death in about twenty minutes. Lungs congested.

Case 45.—Lock Hospital, London; a youth of eighteen; chloroformed for an operation on the prepuce, May, 1854. Two drachms were used, from an inhaler; sudden death in six minutes. Congestion of brain and lungs; fluidity of blood.

Case 46.—Middlesex Hospital, July 34th, 1854; a stout man, of sixty-five; chloroformed for amputation of thigh. Snow's inhaler used, and three or four drachms given. Death in thirteen or fourteen minutes. Heart fatty; blood coagulated in the heart.

Case 47—at the Royal Ophthalmic Hospital, April 10th, 1855. Snow's inhaler used; inhalation before removing an eyeball. Death in a few minutes. Lungs congested; blood everywhere fluid.

Case 48.—A lady, aged twenty nine; September 8th, 1855; died suddenly while inhaling chloroform from a handkerchief, under the care of Mr. Roberts, a dentist of Edinburgh, for alleviation of the pain of toothache. There was no autopsy.

Case 49.—A sailor, aged thirty, at St. Thomas's Hospital; chloroformed for the removal of diseased bone from a finger. A sponge was used, and a drachm given. Death after a kind of epileptic fit. Fatty degeneration of heart.

Case 50 occurred in the private practice of Mr. Paget. The operation was for removal of a tumour of the scapula; the patient, a boy of nine years. An inhaler was used; death in about six minutes. No post-mortem. (Feb. 28th, 1857.)

Case 51—at Liverpool, April 5th, 1857; a labourer, aged thirty-five; chloroform given on lint. Death before the operation. Lungs healthy; right side of heart contained fluid blood.

Case 52—at King's College Hospital, August 7th, 1857; a girl of seventeen, chloroformed for removal of syphilitic warts and ulcers. Snow's inhaler was used. She had hardly been touched with nitric acid when she died. The lungs were healthy, only slightly congested.

[I find I have left out at least one recorded case. A Mr. Martin died, near Melrose, on Aug 10th, 1852, during the influence of chloroform while undergoing an operation for the application of caustic potass to some ulcers of the leg. There was also a case at Leeds, where chloroform was repeatedly used during an attack of delirium tremens, and where it seems doubtful whether the chloroform or the disease was most the cause of death.]

So far Dr. Snow, who gives only fifty cases.

Recent Deaths.—As the best short summary of the more recent cases, I extract the following observations from Dr. Richardson's Report on Forensic Medicine and Toxicology, in the number of the *British and Foreign Medico-Chirurgical Review* for October last. He says: "Three deaths have recently occurred from chloroform—one in Paris, two in England; and one is reported in America, which happened in 1856. The accident in Paris happened to a soldier of the Imperial Guard, on the 27th of May, 1858, in the military hospital. The patient was a strong man, and apparently of sound constitution. The intended operation was the removal of the testis. Chloroform was inhaled from a folded compress containing lint, and for a time the inhalation proceeded regularly. After two or three minutes, signs of consciousness to pain being still present, the chloroform was continued, when the patient suddenly sat up, threw up his arms, every feature of his countenance expressing suffocation, and immediately he fell back lifeless. . . . Both lungs were tubercular; and, in the right lung there was a large cavity." The cases in England occurred—one at Epsom, on Aug. 27th, 1858; the intended operation was tooth extraction: the other at Towcester. The first has not yet been correctly reported; but the patient, a young woman, breathed the chloroform from a napkin, and the death was sudden. The second case will be found described at some length by a contemporary, of September 11th, 1858. Mr. Watkins administered the chloroform from a cotton handkerchief, for the purpose of examining an injured toe of a boy. The patient for a time resisted the chloroform, but seemed ultimately to come kindly under its influence. Mr. Watkins was now about to examine the toe, when the patient gave one or two stertorous inspirations. The

narcotic was then removed, but the change was apparent; the lips became livid, the pulse fell, and life was extinct. In the American case, as in that of Mr. Watkins, the chloroform was given to the patient, a soldier, to examine an injury. Tincture of chloroform, composed of one part of chloroform and two of absolute alcohol, was used, and the inhalation was from a bell-glass. The patient had fatty disease of the heart. Another case occurred at the Ophthalmic Hospital, Moorfields, on the first of this month. The patient, a boy of eight years, was operated on for strabismus. Chloroform was inhaled from lint. In about three minutes, just when the operation was commenced, he seemed to have died. Of course all the usual means of resuscitation were employed in vain. He gasped several times during the first twenty minutes of artificial respiration. The chief appearances bearing on the cause of death were intense congestion of the lungs, and some congestion of the membranes of the brain.

Besides these cases, amounting to fifty-seven, there are notices of various fatal cases incidentally given, for which I must refer to the work of Dr. Snow. I believe that there are not less than 100 cases of death by chloroform. An American physician informed Dr. Snow that he knew of three cases of unrecorded deaths in one hospital. There has been very lately a private case in the practice of Mr. Lawrence. Several cases are believed to have taken place in Scotland, where there is less publicity given to such matters than in England, from the want of the institution of the office of coroner.

The important question remains as to the causes of death in these cases, and whether other anæsthetic agents can be substituted for chloroform. We must remember the countless cases in which chloroform has been used. My own opinion is, that the chloroform kills in more ways than one, and that nothing can enable us to entirely avoid the occasional occurrence of a fatal accident. I shall commence my next paper by endeavouring to point out that it kills in three ways—first, by arresting the pulmonary circulation at the capillaries, causing sudden engorgement of the lungs and suffocation; secondly, by paralyzing the heart, and causing syncope; and thirdly, by its action on the brain and nervous centres, destroying the integrity of the nervous system.—*Lancet*, Oct. 30, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Academy of Medicine (*New York*).—[We extract, from the *Herald*, the following account of the proceedings of the meeting of the New York Academy of Medicine, held on the 19th of January. Like most newspaper reports of medical discussions, it is in some particulars, probably defective, but the main statements—at least those of Drs. Beales and Mott—appear to be authentic, having their signatures affixed:—]

A meeting of the Academy of Medicine, of unusual interest, took place at the University last night. There has been a rumour widely circulated through the city for some weeks past that a well-known citizen—Samuel S. Whitney, Esq.—came to his death by malpractice at the hands of one of the most extensive practising physicians of the city. This report of course created a lively and wide-spread excitement. The probabilities of its truthfulness have been warmly discussed on either side. It was expected that the highest medical authority of the city would give an authoritative expression of opinion upon the subject last night—so there was an unusually large attendance of the members of the Academy of Medicine.

At half-past eight o'clock, after some special business had been attended to, the matter of the death of Mr. Whitney was taken up. The President invited Dr. Horace Green to make his statement of the case before the post-mortem examination was read.

The doctor stated that this unfortunate case was first presented to his notice on the 25th of October last. Mr. Whitney came in with the rest of his patients, and made two calls at his office before he saw him. His assistant informed him that the gentleman had called, but would not wait for his turn, and wished to see him at once; to which he replied that his rule in such cases should be adhered to, and that unless in the case of a lady, the patients should wait their turn. Mr. Whitney then came in in his turn, and entered his name on the doctor's book, as all his patients did. He stated to him that he had been in ill health for two or three years, and that for the last two months he had felt quite a bad cough, and he also complained of his throat and chest. He stated also that some physician had examined him before, and had told him that his lungs were affected. He (Dr.

Green) then made an examination of his chest by auscultation, in the presence of his assistant, Dr. RICHARDS, who, as usual in all cases which he examined, made a note of it at the time. He found the chest thin, a little depression on the left thoracic wall; percussion gave a flat sound over all the upper portion of the left lung. On applying the ear to the chest a distinct humid rale or click was heard below the left clavicle in both inspiration and expiration. These symptoms, when accompanying the signs, were indicative, in his (Dr. Green's) experience, of the presence of tubercular softening. Mr. Whitney's throat appeared granulated and inflamed, and the left tonsil was slightly enlarged and ulcerated; the epiglottis was thickened, and its border whitened with a line of erosion. The doctor then gave an account of the several interviews which he had with Mr. Whitney from the 26th of October to the 4th of December, and his treatment on these occasions—the application of a solution of nitrate of silver to the fossæ, epiglottis, and into the glottis, and the use of the "probang." The visits of the patient occurred at such long intervals that he found that the parts were not prepared for the introduction of the tube; but as Mr. Whitney had several times expressed a desire to have it used, he (Dr. Green) resolved, on the 6th of December, to make the attempt. The tube was, therefore, introduced and the nitrate of silver applied. Dr. Green then proceeded at length to detail the facts of the case, and stated that he had not seen Mr. Whitney from the 9th of December until he heard of the death. He was most willing that the matter should be discussed by the Academy, and he left the matter entirely in their hands. Dr. Green continued at some length.

The President then said that Dr. Foy should next be heard.

Dr. FOY rose and said: I was present on the occasion described by Dr. Horace Green, and saw the application made upon Mr. Whitney. Dr. Green has stated exactly the particulars of that occurrence. On introducing the tube into the throat of the decedent he made a sudden motion of the head and gave an expression of pain. The pain was not greater than I myself have felt upon having the uvula touched with nitrate of silver. The date of that visit is fixed upon my mind with certainty; so, also, is the size of the probang, for I remember noticing it very particularly, and telling Dr. Green that I could not get even a small probang, nor one thus curved, at the druggist's. Mr. Whitney left the office before I did, and left it not suffering any particular inconvenience.

STATEMENT OF DR. J. C. BEALES.

I find myself in a very disagreeable situation. It is the first time I was ever engaged in any controversy with any of my professional friends, and you have never known me to enter into any professional dispute of any kind before, I always have avoided it. Upon the present occasion I shall be forced to take a position antagonistic to Dr. Green, for which I have abundance of evidence; and I assure you it is not voluntarily assumed, but forced upon me.

In the statement of the case I am about to read to you I am sorry to say that there are some expressions in the commencement which are put in with very great reluctance, but owing to the different reports that have been circulated, I felt it necessary to insert them, that you may have a just comprehension of the state and feeling of the patient—

Condition and Feeling of Mr. Whitney between his last treatment by Dr. Green and his Death.—December 14, 1858. About one in the afternoon I was called to see Samuel S. Whitney; I found him surrounded by several members of his family, in a state of the most intense excitement, suffering, and terror; in answer to my inquiries as to what had happened, he answered: "Sit down, Beales, and I will tell you the truth; I was such a fool as to go to Dr. Green to be operated upon, and the d—d villain has killed me." His countenance was pale and haggard, and had all the appearance of a man whose nervous system had received a severe shock; his breathing was occasionally irregular and almost spasmodic, coughing almost incessantly, and speaking with great difficulty and pain, in a hoarse and unnatural tone of voice; his skin was cold and clammy, and covered with perspiration; the pulse was extremely frequent, feeble, irregular, and intermittent; he was excessively restless, not remaining in the same place more than a few minutes at a time; complaining of intense pain in the region of the larynx, shooting through to the cervical vertebræ, and down the course of the trachea to the chest; he kept grasping the larynx,

and reiterating every few minutes that he was murdered; I endeavoured to calm the excitement of the patient, and tried to examine his fauces and throat, which appeared in a state of great inflammation; I discovered no lesion, as, in fact, on account of the pain and terror of the patient, the examination was necessarily very imperfect, as he would scarcely allow the spoon to touch his tongue, and I concluded therefore to defer the examination till he should become more quiet; I gradually ascertained, partly from the family and partly from himself, that he had been several times to see Dr. Green; on the first occasion his tonsils had been amputated; at a subsequent occasion, ten or twelve days previously (the exact dates were not told to the relator), "a hollow tube had been passed into his lungs, and about a teaspoonful of solution of nitrate of silver had been injected into them by touching a spring at the top of the tube;" whether this was done more than once the relator does not recollect to have been stated; on the 14th of December Mr. Whitney breakfasted with his family, appearing to be in his usual health; he afterwards went to Dr. Green's office; "the doctor passed an instrument into his throat, and, finding some obstruction, he pushed the instrument with some force; he (Mr. W.) felt something give way, immediately experienced severe pain about the top of the windpipe, and told the doctor he had hurt him;" he returned home, informed the family of what had occurred, and I was called as before stated; 1 P. M. I saw him with the symptoms and in the state previously described; it was evident that, under these circumstances, the only indications that could be followed were to rally the patient's strength, to produce some reaction, and to moderate the local irritation in the fauces; to this effect I ordered him to be immediately put in bed, bottles of hot water to the feet, with sinapisms to the extremities and chest, and flaxseed poultices to the throat; a teaspoonful of chloric ether or volatile tincture of valerian in water occasionally, till reaction should be established, and a mixture composed as follows: ℞.—Ol. amygdal. dulc.; syrup. papav. alb.; mucilag. G. acac.; liquor potass; a dessert-spoonful to be slowly swallowed occasionally. For nourishment he was allowed arrowroot and flaxseed tea.

14*th*, 7 P. M. Is suffering severe pain, described to be in the larynx, down the course of the trachea to the chest, and round to the cervical vertebræ; pulse 112, feeble and irregular; still excessively restless; other symptoms are about the same; insisted on my remaining with him all night. ℞.—Antimonial solut., S. morph., syrup. gummi, aq. destillat.; a dessert-spoonful every four hours; to inhale the vapour of infusion of flaxseed and poppy-heads.

15*th*, 3 A. M. They called me, as they observed the face to be swelling; I found extensive emphysema all round the neck, and partially in the face, rather more noticeable on the left side; he had continued exceedingly restless, scarcely dozing for a few minutes, breathing very irregular; pulse 106; urine scanty, very high coloured and turbid. Continue the same remedies and nourishment.

1 P. M. Heat of surface more natural; scarcely any pain in the chest, emphysema very much increased round the throat and face, and extending down the chest; has not slept; has taken scarcely any nourishment on account of the pain in swallowing; could not continue the inhalations, although they rather relieved him temporarily. Anodyne liniment to be applied to throat and chest.

8 P. M. Dr. Valentine Mott saw him in consultation with me. Is decidedly worse; emphysema very much increased; neck and face enormously swollen, it has extended all over the chest, but lower down on the right side; breathing somewhat laboured; pulse very feeble, irregular, and 112; skin is again covered with clammy perspiration, and about the neck and chest of a purplish erysipelatous appearance; does not particularly complain of pain, except on talking or swallowing. Dr. Mott gave a very unfavourable prognosis. Continue anodyne and take alternately a teaspoonful of ammoniated tincture of valerian.

16*th*, 6 A. M. Upon the whole has passed a more comfortable night; symptoms are all a shade better; the emphysema rather less in the face, but the throat and the chest are enormous, the mammæ resembling those of a stout nursing woman. Continue wine whey.

1 P. M. With Dr. Mott. The emphysema extends to Poupart's ligament on the right side; but only as low as the umbilicus on the left; cough less frequent, except when he swallows; pulse 108, and rather firmer. Same remedies and nourishment.

9 P. M. With Dr. Mott. Is not so well; emphysematous swelling increasing; cannot open his eyes till the air is carefully pressed out of the lids; chest and abdomen still more swollen; pulse more feeble, 122, although he has taken nourishment more freely. Same remedies.

17*th*, 6 A. M. Has slept more during the night, sometimes for nearly an hour at a time; has taken more nourishment, but there begins to be considerable mucous secretion, which interrupted his respiration and gives him great trouble to expectorate; pulse very irregular and feeble; the slightest movement increases its frequency; it averages about 108.

1 P. M. With Dr. Mott. There is no observable change in the symptoms, although he says he feels more comfortable; several attempts have been made from time to time to examine the fauces and adjacent parts, but the excessive swelling rendered them useless.

9 P. M. With Dr. Mott. There is again a slight lull in the symptoms, excepting the pulse, which is extremely irregular at 108; same remedies.

18*th*, 6 A. M. Has passed the best night since the attack; there is a decided improvement in all his symptoms; emphysema slightly subsiding; pulse 90; is rather more hopeful.

1 P. M. With Dr. Mott. We consider him decidedly improving; all the symptoms are milder; he is slightly flighty from the effects of the anodyne.

9 A. M. Is not so well again, without any other apparent cause than he would get up during my absence and sit for about an hour in a chair; the pulse is more frequent and irregular; the difficulty of swallowing is also evidently increasing, the attempt to do so bringing on coughing, partial strangulation, and some regurgitation of the fluids.

19*th*, 6 A. M. Passed a very bad night, principally owing to the great increase of the mucous secretion, that keeps him almost constantly coughing and expectorating, which he does with great difficulty and suffering; the pulse very frequent, feeble, and excessively irregular; take half the dose of the anodyne at a time: (℞. Ammon. carbonat. grs. iv; emuls. amygd. dulc. dr. i, every four hours, in place of the tr. valerian ammoniat.); although it is certain that there is some serious lesion in the vicinity of the glottis, yet it is utterly impossible to ascertain the state of the parts; the emphysema has rather subsided about the upper part of the face, so that he can partially open his eyes.

1 P. M. With Dr. Mott. Has slightly rallied, but the mucous secretion is increasing; the cough more frequent, and difficulty of swallowing greater; bowels have not acted for three days; continue remedies; injection; give as much nourishment as possible.

9 P. M. All his symptoms much worse; pulse more feeble, 120; difficulty of swallowing, with the coughing and strangulation very much increased; consequently has not been able to take so much nourishment.

20*th*, 6 A. M. Has passed a very bad night; breathing laboured, and all the difficulties of swallowing, &c., increasing; the emphysema rapidly disappearing from the face and throat; abdomen distended and tympanitic; injection did not operate; a tablespoonful of castor oil.

1 P. M. With Dr. Mott. All the symptoms gradually becoming more serious.

10 P. M. Is very much worse in every respect; respiration excessively laboured; the slightest attempt to dose threatens suffocation from the accumulation of mucus; can with difficulty be induced to swallow; the oil operated twice, and he was excessively exhausted; pulse extremely feeble and irregular, 126; he is evidently sinking.

21*st*, 7 A. M. During the night he became rapidly worse; did not swallow after 2 A. M., and died rather suddenly at 8 A. M., partly from exhaustion and partly by asphyxia.

Note.—A number of trifling circumstances, such as the varying appearance of the urine, the continual slight changes in the symptoms, &c., as not throwing additional light on the case, have been omitted, in order not to make the statement too tedious. J. C. Beales, M. D.

As far as relates to this case, from the time I was called in, it is a faithful narrative.

Valentine Mott, M. D.

I certify that this is a faithful copy of the original. J. C. Beales, M. D.

New York, Jan. 18, 1859.

POST-MORTEM OF SAMUEL S. WHITNEY.

New York, Dec. 22, 1858.

Thirty hours after death nothing peculiar in the appearance of the body. Rigor mortis quite moderate. On making an incision

from under the chin, in the mesial line of the sternum, it was remarked that the anterior projection of the thyroid cartilage was more than ordinary. Directly as the knife divided the deep cervical fascia on the left side of the thyroid cartilage, pus issued out; a little further division opened into a cavity, containing pus, about the size of a large hen'a egg, and extending a little in front of the pharynx, and downward behind and below the thyroid cartilage. At the upper and posterior part of this abscess there was an opening into the pharynx, large enough to admit the end of the forefinger. This abscess was lined by a large quantity of destroyed filamentous tissue, hanging from different parts of it like wetted tow. The entrance into the œsophagus immediately below this was perfectly sound, internally and externally. The larynx was now laid open from behind, and, at the first glimpse, a red point about the size and shape of a grain of wheat on the left side, a little below the left chorda vocalis, and running longitudinally, led us to exclaim, there is the point of laceration of the mucous membrane, by which the air has escaped into the cellular tissue to constitute the emphysema. On close inspection, and wiping the part with a sponge, no abrasion or aperture could be discovered. Every other part of the larynx and trachea, as far as removed, presented on its internal surface a perfectly normal appearance. Indeed, we all remarked, that we had never seen a larynx and trachea more natural and healthy. We next concluded to have a look at the bronchi and lungs. Perhaps about an inch above the division of the trachea, the most beautiful vermilion redness that we ever saw on a mucous surface commenced and extended into each bronchus, but greatest in the left, and extended down each lung. Over this peculiar redness there was a cloudy shade, which vanished after a short exposure to the air. On opening the pleura, the upper lobe of the left side, at first glance, seemed covered with white, thick pus. But, on close examination, it proved to be soft strumous-like fibrin, easily rubbed off. This, on the side and posterior part, connected that lobe in patches to the pleura costalis. These imperfect adhesions were easily broken down with the fingers. The whole of the upper part of this lobe was very red and solid, hepatized. Just at the root, or at the commencement of the bronchial ramifications, there was an open cavity, about the size of a small black walnut, of a reddish-brown colour, and irregular billows surface, as though a slough had separated. At the upper and anterior part of this cavity there was a small opening through both pleuræ. This lobe was cut into in different directions, but no tubercles could be found. The lower lobe was perfectly healthy. The redness of the mucous membrane of the right bronchus extended to the lung of that side, but the three lobes were perfectly normal. There were no old adhesions on either side of the cavity of the chest. Some little appearance of the emphysema remained.

VALENTINE MOTT, M. D,
J. C. BEALES, M. D.,
ALEX'R B. MOTT, M. D.

Dr. Beales said: During the number of years that I have attended Mr. Whitney's family I have not known Mr. Samuel Whitney to be seriously ill, so as to be confined to his bed; but he has for a long time been subject to various derangements of the digestive organs, such as want of appetite, torpidity of the bowels, deficiency of the bilious secretions, and occasionally a bronchial cough. For these I have frequently prescribed for him; but during the whole or greater part of the last year (as I have been informed by the family) he placed himself under the care of a homœopathic physician, so that, with two or three trifling exceptions, I was not called on to prescribe for him until the present occurrence. Toward the end of October his sister informed me that her brother was very low-spirited and depressed, as some physician had informed him his lungs were very much affected. He wanted me, therefore, to examine him, but did not want me to know that he had consulted any other physician. I was not told who it was, nor do I know to this day, although I now presume it to have been Dr. Green. Sir, I wish to state that I appreciate the stethoscope as highly as most men; I believe it, as most others do, one of the greatest discoveries in our profession, but I frankly confess that I do not believe in its infallibility, even aided by percussion. I do not believe that any man can at all times discover one or two, nor even a few tubercles, scattered about the upper lobes of the lungs. I am sure that every man, if he would frankly tell the truth, would admit that he had occasionally

been mistaken. For myself, I do not pretend to any extraordinary skill with this instrument, but, independent of my private practice I have been for fifteen years examiner for various life-insurance companies, and therefore I constantly make use of it, and ought to know something about it. Now, under these circumstances, well knowing the opinion of the other physician, I examined Mr. W. with all the care and accuracy of which I am capable; I declared to him that I could not discover any tubercles in his lungs, and that I did not believe that any existed. [No notes of the examination.] Now, sir, on turning to the report of the post-mortem examination, it will be seen that a "cavity" was found, but not a single tubercle. I will not, of course, assert that such a thing as a tuberculous cavity never exists without the presence of other tubercles, but I do say, that it is a most rare and exceptional circumstance; but I wish to make a few remarks on this "cavity." Was this a tuberculous cavity? It neither contained any kind of fluid, nor was it lined with lymph, nor the slightest appearance of false membrane, nor were there any remains of tuberculous deposit, and I at least have never seen a tuberculous cavity similar to it—in fact, although that word was used in the report as probably most readily occurring—it could scarcely be justly so called, it was rather a shallow depression or scooping out of the actual apex or superfices of the lung; its surface was not like that of a "cavity," but rough and irregular, and had that peculiar appearance that all present remarked it looked as though a slough had separated. Communicating with it was a perforation in the pleura sufficiently large to admit the little finger of the gentleman who had operated; all other appearances about the lung were of the most recent disease, the hepatization was in its earliest stage, and the adhesions spoken of were so recent that the folds of the pleura were, more properly speaking, glued together than adhered. We did not discover the slightest sign of chronic disease in or about the lung; and so striking was this fact, that Dr. Mott told the family, after the post-mortem examination, that we had not seen any diseases that might not have been produced within a week. But Dr. Mott is here, to speak for himself. Dr. Green says that the epiglottis was thickened and its border whitened with a line of erosions. At the post-mortem, this part was very minutely and carefully examined, and found to be extraordinarily healthy and free from the slightest vestige of disease. Under all these circumstances I am forced to believe that Dr. Green erred in his diagnosis, and that these various operations were unnecessary and uncalled for. I do not say that the operating of tubing caused the disease in the lung, because I confess myself ignorant of the effects of nitrate of silver on the substance of the lungs; but for the operation itself, I do not hesitate to express my conviction that it is at all times attended with extreme peril and risk of the patient's life. I have never heard of or seen a single case of phthisis where it has effected a cure, and therefore I believe it to be perfectly unjustifiable. I believe that a slough or eschar was formed at the apex of the lung, involving the pleura, and which, at the time of the unfortunate occurrence, became separated by the violent exertions and spasmodic coughing—the air percolated into the cellular substance, and produced the emphysema which formed so prominent a symptom. I will now leave this part of the case, and go on to that which was, after all, undoubtedly the immediate cause of the death of the patient. I mean the lesion of the pharynx. By referring once more to the post-mortem examination, it will be seen that there was a lacerated opening in the pharynx communicating with a large abscess. I have heard it rumoured—and, indeed, it has been stated in the public papers, especially in an article in the *Tribune*, which is evidently from a suspicious source—that this abscess was chronic. Insinuations were made against Dr. Mott and myself in regard to it. If, sir, the friends of Dr. Green have given currency to this idea, or intend in any way to suggest it—then has the doctor ample reason to say, "Defend me from my friends." It appears by his own statement, that for two months previously to his death, Mr. W. was under the professional care of Dr. Green—for my own part, I solemnly declare, I have never prescribed for nor heard him complain of his throat. Early in October the doctor cut out one of the tonsils. Did the chronic abscess then exist? If so, how was it that the doctor did not discover it? He several times applied the sponge and probang—did the abscess then exist? On the 8th of December, Dr. Green states that he passed the tube down the tracheæ. This,

at all events, whatever we may think of the operation itself, requires a careful observation of the parts; did the abscess then exist, and the doctor not discover it? But, sir, on the very day of the last unfortunate operation, Dr. G. was showing to Dr. Foy how he applied the sponge to the larynx, and showed why it only entered the pharynx—of course the organs were closely observed—how was it that the doctor did not diagnose this chronic abscess? Why, sir, the reason that Dr. G. did not see this chronic abscess was because it did not exist. Sir, I do not believe that among all those who are now listening to me, there are two opinions. At all events, to my mind, the evidence is irresistible, that in the last unfortunate operation, on the 14th of December, that the pharynx was accidentally lacerated by the probang; the first effects, as we have seen, were excessive irritation of the parts, and a severe shock, increased no doubt by the nervous temperament of the patient, and his conviction that the injury was fatal. Afterwards, doubtless portions of the various foreign bodies he attempted to swallow, food and medicine, were forced into the wound. After three or four days a sloughy abscess began to be formed, which, gradually increasing in size, formed a mechanical obstruction to swallowing; by pressure on the adjoining parts prevented the epiglottis from properly closing, and produced the strangulation and regurgitation which we have noticed, till at length the unfortunate patient sank from exhaustion and asphyxia. I wish now, sir, with your kind permission, to make a few remarks with respect to the post-mortem examination. I perceive by statements in the public papers, the source of which can easily be understood, that we are censured for not having Dr. Green present. I need not say that, as the case progressed, the excitement and feeling in the family did not diminish. I do not think that on this point I have the right to judge Dr. Green; he doubtless did what he thought right in the matter; but had he, by sending inquiries or showing any sympathy with the misfortune of the family, it would have offered an occasion to Dr. Mott and myself to have introduced him; that he did not so act, was repeatedly remarked by many of the family. Now, under these circumstances, it was no pleasant thing to ask permission of the family, and I frankly allow we did not. But, for myself, I solemnly declare that I went to that examination without the slightest idea of criminating Dr. Green, but with the earnest desire to ascertain the nature and extent of the injury. But let me ask, What do these insinuations mean? I will tell you how the post-mortem examination was arranged; I asked Dr. Mott who he would wish to perform it; he replied, his son, Dr. Alexander, and on the day of that operation I was introduced, and spoke to that gentleman for the first time in my life. The insinuations to which I have alluded, either mean that we were not competent for the examination (if so, let the truth be told), or that the examination or report was distorted to meet particular views. On this point I shall merely remark that Dr. Alexander Mott has never till to-night heard me say a word as to my views of the case. I do not know his. We have never interchanged a word on the subject. Both he and his father hold such positions in the profession and society as ought to place them beyond such calumnies. As for myself, those who know me, sir, will not, I am proud to believe, imagine me capable of misrepresenting solemn facts, for any purpose whatever; and this is all, sir, I think it needful to say in answer to these unmerited and disgraceful innuendoes.

Dr. Valentine Mott followed, strongly substantiating the post-mortem examination, which, he said, was prepared by himself, and controverting Dr. Green's theory of the case.

After him there ensued a spirited discussion between Drs. Mott and Beales on one side, and Drs. Green and Foy on the other.

Dr. James Wood moved that the matter be referred to a committee. An exciting debate ensued upon that and other motions. There was cheering and hissing. The commotion and debate continued unabated until 11½ P. M., when the whole subject was tabled.

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The Philadelphia College of Physicians and Dr. Mütter.—We are pleased to announce that Dr. Mutter has, since his return home, perfected his liberal donation to the College of Physicians of Philadelphia. On the eighth of January last, the articles of agreement were regularly signed and sealed, according to law, by Dr. Mütter, of the one part, and by the President and Secretary of the College in behalf of the other part.

According to this agreement, Dr. Mütter is to convey to the college his pathological collection, to serve "as the basis of a museum, to be denominated 'the Mütter Museum, founded by Thomas Dent Mütter, M. D., LL. D., A. D. 1858,'" *as soon as the college "shall have erected a building suitable for the reception of said collection.*"

Dr. Mütter agrees, also, to "defray, during the term of his natural life, the expenses of maintaining said museum."

According to the agreement, property to the amount of thirty thousand dollars is deposited in trust for the maintenance of the museum; the payment of a curator, and the endowment of a lectureship on surgical pathology, the income of said trust fund to be employed by Dr. M. during his life, and, in case of his death, by his heirs, until the requisite building is completed by the college.

In consideration of the foregoing, the college is bound to erect, within five years, a fire-proof building, containing "an apartment of sufficient dimensions for the accommodation of said museum and its probable increase."

The college is further bound to provide certain officers and adopt certain regulations for the care and management of the museum and lectureships; also, after the death of Dr. M., to disburse, through a museum committee, the income of the trust estate already described, for the following purposes and no other:—

"1. For the salary of a curator $200 per annum.

"2. For the salary of a lecturer $200 per annum.

"And the remainder of said income to the preparing, fitting up, keeping in order, increasing and insuring of pathological and anatomical preparations and specimens, illustrative of surgery and medicine, drawings, models, casts, and other like matters, which are intended to form the museum aforesaid."

The various details of the regulations secure the preservation and growth of the collection; its employment by the Mütter lecturers in illustration of their courses, and free access to it, under proper restriction, of graduates and students of medicine, without charge or fee.

The lectureship is to be held by the same lecturer for three years in succession, at least ten lectures being given in each annual course. The lectures are to be delivered in the college building, and the same lecturer is not to be elected for two three year terms, in succession.

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Pennsylvania Hospital.—Dr. Wm. Pepper has resigned his appointment as physician to this institution, a post which he has held for a number of years with great honour to himself, and advantage to the hospital.

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Mortality of Philadelphia in 1858.—The total mortality in Philadelphia during the past year was 10,694, being 1 in 56 of the population.

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Practical Instructions in Microscopical Anatomy.—Dr. H. Schmidt, whose admirable paper on the minute structure of the liver in the January No. of the *American Journal of the Medical Sciences*, affords ample proofs of his skill in microscopical investigations, is engaged in giving practical instructions in Microscopical Anatomy. He will take especial care to instruct the eye and hand of the student in the method of examining microscopically, the normal structures of the human body. To accomplish this, a sufficient number of microscopes will be supplied; and, as successful results depend so much upon the proper preparation of the tissues to be examined, the fullest instructions will be given in the minute injection of organs, the making of thin and transparent sections, and the action of chemical reagents upon them. In addition, the functions of the various organs will be treated in connection with the microscopical examination of their structure, thereby affording the student an opportunity of acquiring a clear idea of their physiological relations.

Dr. S. being constantly engaged in Physiologico-Microscopical researches connected with experiments on living animals, the pupil will also have an opportunity of witnessing the method and results of such investigations. These investigations afford him a number of fine injected specimens of the various structures for microscopical studies, and he will furnish specimens at a reasonable price to those engaged in these studies.

Dr. S. may be seen at the anatomical rooms of the University of Pennsylvania, Ninth St. near Chestnut.

Semi-Monthly Medical News.—This is the title of a new journal, edited by S. M. Bemis, M. D., and J. W. Benson, M. D., published at Louisville, Kentucky, the first No. of which appeared at the commencement of the present year. The subscription price is three dollars a year in advance.

FOREIGN INTELLIGENCE.

Treatment of Diphtheria.—The epidemic of Diphtheria appears as yet to have fallen with far greater violence on certain country districts than in our Metropolitan population. But very few cases have been treated in the London hospitals, and several even of those to which the name has been applied have resembled more closely a form of sporadic croup. No reasonable doubt can, however, now be felt that there is amongst us a disease of peculiar character, distinct from all the forms of angina with which we have heretofore been familiar. That it is quite different from the scarlatina sore-throat is universally admitted by those who have seen much of it. One of the not least striking features of the epidemic has been its very arbitrary prevalence. It even appears to have displayed a preference for agricultural villages and districts of good repute in a sanitary point of view. Excepting we consider it a contagious disease it is difficult to account for its wide-spread and long continuance at such places as Reigate and Bagshot. From the fact above stated, we are not in a position to draw directly on hospital experience for any trustworthy rules as to treatment. The matter has, however, been a very frequent topic of conversation in medical circles, and we will endeavour to condense into a few brief notes the opinions which appear to be most generally accepted. 1st. As to tracheotomy. We used often to hear it alleged that the reason why this operation had been more successful in the hands of French surgeons in the treatment of croup than in England, was that the French croup was not unfrequently pharyngeal diphtheria, and did not involve the trachea. That opinion was probably ill-founded. The diphtherite described by Bretonneau, although undoubtedly beginning in the pharynx, usually extended to the air-tubes also. Such has certainly been the case in England. The membrane formed has differed from that of croup only in not being so coherent, and in being in diffused patches rather than in a continuous layer. Very few, indeed, have, we believe, as yet been saved by tracheotomy since the disease appeared in this country. At the Pathological Society a few meetings ago, M. Obré mentioned a case in which he had performed the operation with great relief, but the child had afterwards sunk. It would appear, indeed, that true diphtheria is much more of a blood disease and far less of a merely local one than English croup. Bearing upon this observation, and also upon the operation in question, is an important piece of evidence which has been repeatedly given by exhibitors of specimens at the Pathological Society, that the patients sank from exhaustion and not from apnœa. In several it was most expressly stated that the breathing had become comparatively comfortable before death occurred. Such was the case in M. Obrê's patient, the introduction of the canula having afforded all the relief that could have been expected from it. In another instance a child exportated, when apparently in his last agonies, a perfect cast of the trachea; and the circumstance naturally excited the hope that he would then recover. The relief to his breathing was immediate and complete, but he nevertheless sank into a state of extreme debility, and so died, there being no further indications of laryngeal obstruction. The occasional occurrence of deafness or of partial blindness during convalescence from an attack of diphtheria also seems to indicate a severe constitutional lesion. Although, however, these facts may lead us to be less hopeful as to the benefit to be looked for from opening the windpipe, yet it is an operation to which resort ought certainly to be had should death seem imminent from laryngeal obstruction. It is never good practice to let a patient die; and a doubtful remedy is far better than none. The experience of the French profession is also to a certain extent encouraging as to this operation.

The one point in practice upon which, as far as we can hear, all are agreed, is the importance of early and adequate local measures. If the surgeon see the case while the membrane is as yet limited to the tonsils and fauces, he has a fair chance of being able to rescue his patient; but if already the trachea is invaded by the disease

the probabilities are far otherwise. The pharyngeal pellicles should be detached or scraped away, and the part well swabbed with some strong counter-irritant solution. Whether the application ought to be strong hydrochloric acid or an almost saturated solution of nitrate of silver opinions differ; but they coincide in insisting that whichever is employed must be used promptly, freely, and if need be, repeatedly.

As to constitutional treatment very various indeed are the remedies in which different observers have been led to place confidence. The chlorate of potash, although highly spoken of by many, does not seem to have established for itself that reputation which from its specific effects in certain forms of stomatitis many had hoped that it would gain.—*Med. Times and Gaz.*, Jan. 1, 1859.

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Resuscitation after Apparent Death from Chloroform.—We have often, in recording instances of death from chloroform, taken occasion to insist upon the extreme importance, in such accidents, of performing artificial respiration efficiently, and without the slightest remission, until the result, whether fatal or otherwise, is beyond doubt. We have been furnished with the particulars of a case which has just occurred, in which re-animation was effected by this plan, under circumstances which had appeared to preclude hope; and although the case did not occur in a hospital, its importance is such as to need no apology for its mention here. We have been requested to give no names, but the facts have been supplied by the surgeon to whom the case occurred. A little girl, aged 6, was to undergo excision of the knee-joint. The operation took place in a village in the country, the operator being a surgeon to a London hospital. The child had taken chloroform to its full effect three times during the previous fortnight, in order to allow of the knee being dressed. She was emaciated to the last degree, and very feeble. Just as the operation was to be commenced, it was noticed that although she had previously been quite insensible, she was regaining consciousness, and more chloroform was given. No delay occurred in the operation itself, and the heads of the two bones were quickly sawn off. Just as the section of the tibia was completed, the gentleman in charge of the chloroform remarked that the pulse was exceedingly feeble, and in less than another minute it had wholly ceased to beat. The child had the aspect of a corpse, and respiration was quite suspended. The tongue was at once drawn forwards, and the finger being passed backwards on to the epiglottis, it was held forwards. Artificial respiration was also immediately commenced. For about a quarter of an hour no pulse could be felt, nor was there any other sign of life. All present believed the child to be dead.

It being wished to throw some brandy into the rectum, an enema syringe was sent for to an adjacent druggist's. The one brought was out of order, and a second had to be procured from a surgeon's who lived in the same street. It was not till after the administration of the brandy that the faintest return of pulse was perceptible. For ten minutes after this the pulse continued to be only a very uncertain flicker; by degrees, however, it improved, and at length several gaspings took place. Some strong ammonia was now applied to the nostrils, after which she suddenly drew a breath and gave a little scream, from which time all was right. As usual those present estimated the length of the period of apparent death very differently, the longest mentioned being half an hour, and the shortest a quarter. The period during which artificial respiration was kept up without intermission could not have been much less than half an hour, but during the latter part of this, although there was no voluntary attempt at respiration, yet the pulse at the wrist was perceptible. On account of fatigue to the operator's arms, it had been necessary to change places three times during the employment of artificial respiration.

We need not ask attention to the lesson of encouragement which this case conveys, to the persevering carrying out of artificial respiration in these frightful accidents. The period of complete collapse is probably longer than in any case yet recorded. Had the artificial respiration been allowed to be suspended (in order to use galvanism, etc.) for ever so short a time, there can be little doubt that recovery would have been hopeless. Is there not also considerable probability that artificial respiration by pressure on the chest, if carefully done, is very much more efficient than that by the postural method (Marshall Hall's)? In the latter the weight of the body is the only means

by which the chest is emptied; and, in small and emaciated patients, its effect must, we think, be far less effective than the vigorous compression of the thorax by the hands. It is desirable to make the respiration even quicker and deeper than when naturally performed, so as to eliminate the chloroform from the blood as rapidly as possible, and for this object the postural plan can certainly stand no comparison with the manual one.—*Med. Times and Gaz.*, Jan. 1, 1859.

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Use of Sanitary Science.—In the three past years there has been a steady decrease of deaths in England and Wales. In 1854 London was more fatal to life than the country generally; but it has since been so improved, that its mortality in the last of the three years has been less than that of the country in the two previous years, being very nearly level with the average of all England and Wales. The country advanced from 1 death in 43 to 1 in 49, and London from 1 in 34 to 1 in 46—something like the saving of 1 person in every 100. "There can be no doubt," adds the journalist, "that this steady improvement in the general health of the people is due most especially to the successful exertions of the men who have been urging, against every obstacle, the main principles of sanitary reform; who have got rid of town burial-grounds, multiplied windows, analyzed poisonous victuals, poured down the ears of the multitude their little streams of knowledge about drains, sewers, and good water, and taught thousands to live in accordance with the laws by which men's bodies are governed."—*Ibid.*

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Is a Cargo of Salt Injurious to those on board the Vessel.—The question as to whether or not salt taken as a cargo or as ballast in vessels is injurious to the health of those on board has been lately much discussed in Sardinia; the government there having endeavoured so make use of salt as ballast in men-of-war going to India. It may also soon become a question of interest in this country, now that our commerce has been thrown more widely open with China. It appears that the attention of the hygienists of Genoa was called to this point by the following circumstance. The ship *Liguria* left Genoa for Brazil in March last, with a cargo of this kind, and 450 passengers; scarcely had she reached Gibraltar when an infectious malady broke out on board, in consequence of which she was compelled, after passing forty days' quarantine at the Balearic Isles, to return to Genoa with her decimated crew. Dr. Freschi, professor of Hygiene at the University of Genoa, was thereupon called upon to investigate the subject. His researches led him, putting aside all idea of any miasmatic influence arising from the salt, to recommend that the transport of salt should not be permitted in vessels which have a large number of persons on board. This opinion excited much controversy and opposition; so that Dr. Freschi called upon his confrère, Dr. Foussagrives, Head-Physician of the Navy, to assist in the investigation of the subject. Dr. Foussagrives' researches entirely confirmed the opinion of Dr. Freschi. He did not find that any deleterious emanations were evolved from the salt; but he considered that the source of the deleterious effects produced on the health of the crew in vessels laden with salt is to be attributed altogether to the influence of the salt on the hygrometric condition of the atmosphere. His experiments were performed at Cherbourg, where there are accumulated immense magazines of salt for the supply of the French navy; the problem being to compare the hygrometric state of a magazine half filled or thereabouts with salt, with the hygrometric state of the open air. The experiment was legitimate, he considered, because the air in the interior of a ship must, for many reasons, be even more humid than the air in any building on terra firma. The experiments were conducted by M. Besnon, a practised chemist and *physicien*. It clearly appears from them all, that the humidity in the interior of the magazines is very much greater than outside—the medium numbers of many experiments making the proportion as about 84 to 65. This humidity had of course nothing to do with the breaking out of the fever which decimated the passengers in the *Liguria;* the deaths were evidently caused through some fever, which probably resulted from overcrowding of the ship. The main part of the especially injurious effect of the humidity has not been shown in this case. A continued and very damp condition of the interior of a ship cannot fail at last to act prejudicially upon the crew; and in this sense the fact of this

highly hygrometric condition of the air of vessels laden with salt is of much interest —indicating that special attention to ventilation should be observed in them.—*Med. Times and Gaz.*, Dec. 18, 1858.

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Production of Bone.—The Paris correspondent of the *Med. Times and Gaz.* (No. for Jan. 1, 1859) writes: "At the last meeting of the 'Académie des Sciences,' held on the 6th of the present month, Dr. Olivier read an exceedingly interesting and curious paper, in which he endeavoured to throw quite a new light on the production of bone. The conclusions at which he arrived, if supported by future experimentalists, will not fail to produce a deep impression on the minds of physiologists; while, at the same time, they will tend to enlarge and extend the system of "anaplastie," as applied to surgery. The experiments of Dr. Olivier were conducted entirely on rabbits of different ages, and different stages of growth, and were divided by him into three series. In the first series, long slips of periosteum were detached from the tibia throughout its entire length, one of the extremities only being left attached to the bone by a peduncle; these slips of periosteum were then pushed among the muscles and twisted around them in a variety of ways. In the course of a certain time osseous matter was produced, assuming the shapes of the twisted and contorted membrane. In the second series of experiments the slips of periosteum which had been treated in the same manner as in the first series, were, three or four days after the operation, completely detached from the bone, and, notwithstanding their isolation from their original source of life, the periosteum still continued to produce bone. In the third series of experiments the periosteal covering was completely and at once separated from the bone, and immediately inserted under the skin of the shoulder and back, and still, strange to say, the periosteum produced bone. Dr. Olivier found that age modified, to a certain extent, this peculiar property of the periosteum; advanced age, for instance, while it diminished the property, did not completely destroy it. The osseous tissue obtained in this strange manner he found to be real bone, similar to that of the rest of the body. The result of these interesting and curious experiments goes to prove that bone can be obtained in whatever part of the body the periosteum can be introduced; and, further, that a membrane may preserve its properties notwithstanding its removal from its original seat and transplantation to another part of the economy.

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Ozone and Influenza.—The Registrar-General for Scotland says: "When first the substance ozone was discovered, catarrhal affections were ascribed to its excess in the air; but during the past month, neither in the neighbourhood of Glasgow or Greenock, where these affections have been so virulent, has this substance been able to be detected for days in succession, so that instead of an increase, there has been an almost complete absence of that element in the air."—*Ibid.*

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Typhus Fever at Vienna.—Typhus fever is raging in Vienna. The hospitals are crowded to excess, and the mortality in the "Josephinum," where the sick soldiers are lying, is said to be very great. The general state of the public health is very unsatisfactory. A commission has been appointed by the Minister to examine the water which is swallowed by the Viennese.

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Erysipelas Prevailing in the Paris Hospitals.—In the hospitals generally, erysipelas has been prevailing to an unusual extent for the last ten days; indeed in some the surgeons have, in consequence, been under the necessity of delaying operations, except in cases of a pressing description. It is quite possible that the extremely sudden changes of weather which have been experienced of late may have something to do with the appearance of this most unwelcome visitor. In the limited space of twenty-four hours we have observed the temperature of the four seasons, while frost, fog, rain, and sunshine, have followed each other in rapid succession. Not only has the health of the hospitals been affected by these sudden transitions; their influence has also been perceptible "en ville," where coughs and sore throats seem to be the order of the day.

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Medical Students in Paris.—The number of inscriptions made at the Faculty of Medicine between the 2d and 15th of November was 1065. The number of new entries is 251. In 1857, the total number

of inscriptions was 1027, and of new entries 158.—*Med. Times and Gaz.*, Dec. 18, 1858.

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Faculty of Medicine of Paris.—M. Jarjavy has been appointed Professor of Anatomy, to succeed M. Denonvilliers, and M. Gosselin Professor of Surgical Pathology, to succeed M. Cloquet.

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Retirement of MM. Andral and Rayer.—These two distinguished physicians have recently resigned their posts as physicians to La Charité, which they have long held with distinguished honour.

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Discomfiture of the French Homœopaths.—Persons who possess a thin dermal covering are often found to manifest a want of caution, leading them to engage in conflicts the result of which is almost inevitably a severe punishment. The homœopaths in Paris have lately been in this predicament. They have brought an action for libel against our contemporary, *L'Union Médicale*, laying the damages at *fifty thousand francs;* and, after a three days trial before a legal tribunal, they have lost their cause, and been sentenced to pay costs. *Voici les faits.*

In 1857, a Dr. Magnan published a book entitled, *De l'Homœopathie, et particulièrement de l'Action des Doses infinitésimales.* The author forwarded a copy of the work to the *Union Médicale*, and himself called on the editor, to request a notice. It was courteously represented to him in reply, that the sentiments both of the editorial staff and of the readers of the *Union Médicale* were as one on the subject of homœopathy; that it was not probable that the review could be otherwise than inimical to the doctrine; and that, as the habitual readers of the paper were fully aware of the fallacies of the system, it would be better to leave the book alone. M. Magnan, however, reiterated his request in pressing terms; he "preferred criticism, however severe, to silence; and asked neither indulgence for the author, nor complaisance towards the doctrine."

Accordingly, the work of M. Magnan was placed in the hands of Dr. Gallard, a well-known contributor to the *Union Médicale;* and a review, written by that gentleman, appeared in the number for October 24, 1857. This review is before us. To Dr. Magnan, individually, the tone is courteous; Dr. Gallard states that he believes him to be "a man seriously convinced, and capable of acknowledging his error when pointed out." On homœopathy, the writer was more severe—

"Homœopathy is not a doctrine, and much less a science. It is a commerce carried on by some individuals, to the detriment of science and of humanity; and if there be a time when it has been possible to apply the Hahnemannic method without being an ignorant or miserable charlatan, it is certainly not the present. Dr. Magnan must be told, although he ignores the fact, that the most ardent followers of homœopathic doctrine have the good sense to abandon it in practice. Whenever they meet with a severe disease, they bleed, they purge, they give large doses of medicine, absolutely as if Hahnemann had never existed; but they proclaim on the house-tops what they have done by means of homœopathy. A short time ago, one of the most renowned homœopaths was called to a lady of rank, who, towards the end of an incurable malady, was attacked with anasarca and ascites. The homœopath gave her daily *fifty centigrammes* (nearly *seven grains and three-quarters*) of calomel; thereby producing a colliquative diarrhœa, which indeed diminished the dropsy for the time, but certainly hastened death. Nevertheless, the patient's friends could not see through this deception, but proclaimed in all the Parisian saloons *the happy results of homœopathic treatment.*"

Severe, but just, are these remarks, which are only a specimen of the tone of Dr. Gallard's article. And it is not surprising, therefore, that the Parisian homœopaths should have winced under the rod thus skilfully administered to them. This review, as we have already said, appeared on October 24, 1857. On the 29th of the same month, Dr. Amédée Latour, the editor, and Dr. Richelot, the *gérant*, of the *Union Médicale*, received from two homœopathic practitioners, calling themselves the president and secretary of a "Central Homœopathic Committee," a request to make a public retractation! Of course, this very modest demand was not complied with; and thereupon twelve homœopaths brought a civil action against Drs. Gallard, Richelot, and Latour, for prejudice done both to their general reputation and to the practice of their art. For this double injury, they demanded damages to the amount of fifty thousand *francs* [$10,000 dollars.]

To meet this charge, several plans might have been followed. That which was adopted by the defendants, was to place the matter on scientific grounds. Personality could not enter as an element into the debate; because none of the complainants had been mentioned in Dr. Gallard's article; and the "Central Homœopathic Committee" had no legal existence.

Dr. Gallard therefore published a *Note scientifique sur la Doctrine dite homœopathique*, which was distributed to the president and judges composing the first chamber of the Civil Tribunal. The homœopaths issued a reply—unfortunately for themselves; for it fell into the hands of Dr. Bébier, president of the Medical Society of the first *arrondissement* of Paris, who, at the desire of his colleagues, published a report, in which he followed the homœopaths through every twist and turn of their argument, leaving no retreat but confession of their error.

The cause was tried before the first chamber of the civil tribunal on November 17, December 1 and 3, 1858. Messire Emile Ollivier was counsel for the twelve homœopaths; Dr. Gallard was defended by Messire Paul Andral (son of the distinguished pathologist); and Drs. Richelot and Latour by Messires Bethmont and Victor Lefranc. On December 1, the prosecution against Dr. Latour was abandoned; and, on December 3, M. Sallantin, acting for the *procureur impérial*, summed up in an admirable speech, which is published in the *Union Médicale* for December 11. We must make a brief extract. M. Sallantin has shown that Dr. Gallard mentioned none of the complainants by name, and cites the commencing sentence of the paragraph which we have above quoted from Dr. Gallard's article. He continues—

"And M. Love and each of the complainants cry: 'Hear you the blasphemy? He means me! A charlatan—it is I! an *illuminé*—it is I! a fool—it is I! Quick, let him be mulcted of 50,000 francs!' Really, messieurs homœopaths" (continues M. Sallantin) "you have a very thin skin (*la fibre bien sensitive*). Why does that word 'charlatan' make you raise your heads? Have you a troubled conscience? Your conduct would really give one a right to think so. Let us be serious; you have but one argument. You say: 'We are homœopaths; but M. Gallard has attacked homœopaths in general, without exception, therefore the injuries wound us severely in full front. You are not named nor pointed out; and you have no right to complain. . . . The attack of M. Gallard, inasmuch as it is general, cannot affect you. To admit the contrary, would be to interdict all criticism and all scientific discussion. Suppose, for instance, that any one, courageous enough to express his opinions, good or bad, on some of our modern writers, were to draw a contrast between Molière, Corneille, and Racine, and those who . . . forgot that the theatre ought to be a source of instruction in manners, and not a place of corruption, and a school where the crowd may learn to applaud crime and to admire all the vices. . . . He would be ready to meet criticism; but must he undergo legal prosecutions without end? Must he have to defend himself against all the journalists and *vaudevillistes* in France, and pay 50,000 *francs* to each? The supposition is really absurd."

On December 10, the civil tribunal pronounced judgment. Dr. Latour was declared to be dismissed from the case; and the plaintiffs were sentenced to pay his costs. As regarded Drs. Richelot and Gallard, the court nonsuited the homœopaths (the plaintiffs), and condemned them to pay all costs.—*British Medical Journal*, Dec. 25, 1858.

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Vestiges of Creation.—The author of this work is now ascertained to be Mr. Robert Chambers, of Edinburgh.

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Obituary Record.—Died, in London, on the 16th Dec., Richard Bright, M. D., Physician Extraordinary to the Queen; Consulting Physician to Guy's Hospital, &c., in the 70th year of his age. Dr. Bright was well known by his numerous and valuable contributions to medical science, especially by his important investigations regarding renal diseases.

—— Dec. 29th, 1858, in London, John C. W. Lever, M. D., Physician Accoucheur to Guy's Hospital, aged 47.

—— Oct. 21st, Henry Marshall Hughes, M. D., Physician to Guy's Hospital, in the 53d year of his age.

—— Dec. 13th, M. Berard, Professor of Physiology to the Faculty of Medicine of Paris, after an illness which has prevented his lecturing for the last three years.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Excision of the Entire Scapula.—On Saturday last, after the operations were ended at King's College Hospital, Mr. Fergusson had the opportunity, through the kindness of Mr. Jones, of showing to the pupils the case in which this surgeon had performed the operation of excision of the scapula, with a portion of the clavicle, at the Jersey Hospital in May last. The patient, who is a remarkably healthy-looking young woman of sixteen, hardly presented any indications of having had such a formidable operation performed, as she walked into the theatre, carrying her head erect, and her arm in almost the natural position. On examining the parts it is found that the head of the humerus has formed for itself a new attachment, just below and in front of its natural situation. The upper arm itself is well developed, the limb measuring just nine inches in circumference, that on the other side being half an inch larger. There is very considerable motion in the new joint; the patient can carry her arm to an angle of 45° from her body outwards; she can throw her arm across her body in front, carrying her hand to her mouth and to the opposite ear. She can throw her arm behind her, resting the forearm horizontally across her back; the movement of her hands are natural, she can knit, sew, and perform other useful occupations. Mr. Fergusson, in the course of some remarks, observed that it was the only living instance he knew of where an operation of a similar kind had occurred. It was impossible to come to any other conclusion than that the case was most successful, and one of the greatest triumphs of modern surgery; and its issue reflected the greatest credit upon the surgeon who ope-

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rated. There were some who might criticize, the success of the case, inasmuch as certain muscular movements were not so free as might be anticipated; but it was to be borne in mind that only a few months had elapsed since the operation was performed; moreover, it was undertaken to save life; this had been effected, and, in addition, a useful arm was preserved to the patient.—*Med. Times and Gaz.*, Dec. 25, 1858.

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A Practical Point in Amputation of the Leg.—Lately a man, whose left leg had been amputated, was admitted into the Royal Free Hospital. The foot, having been crushed some twelve years previously, was then removed at the ankle, and subsequently amputation was performed in the lower third of the leg. When admitted, owing to retraction of the posterior flap, the tibia was protruding, and the sharp margin of the truncated bone projected forward through the skin. Mr. Gant amputated the leg high up through the fleshy belly of the gastrocnemius, and sawed off the bone obliquely from before backwards, so as to allow the anterior flap of skin to rest upon a flat surface of bone. The vessels having been divided near their origin from the popliteal, many ligatures were required to suppress the hemorrhage. After the operation it was remarked that the tibia was the only bone in the body which, being subcutaneous, was involved in an amputation, and that therefore it would be a good rule always to saw that bone obliquely from before backwards, and thus avoid the probable occasion of a second amputation. In due time the man left the hospital with a sound and well-covered stump.—*Lancet*, Jan. 15, 1859.

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Recurrent Fibroid Tumours. — Mr. Paget, in his admirable account of the recurrent fibroids, in his Lectures on Surgical Pathology, notices the exceeding tendency of these tumours to local recurrence. The result of a case reported at page 189 of this journal for August, 1855, has just come to our knowledge, and is of much interest in relation to this point. A man, aged 30, was under Mr. Stanley's care in St. Bartholomew's for a recurrent fibroid growth in front of the left patella. It had been excised seven times; and had always returned very quickly, and grown rapidly. At the last excision, Mr. Stanley made a very careful dissection, and removed the growth very widely. It was, indeed, with difficulty that wounding of the synovial membrane of the joint was avoided. The wound healed, and the man left the hospital. Mr. J. Morris, who was House Surgeon at the time, informs us that he accidentally met the man in the street the other day, who informed him, with great delight, that he had remained quite free from any sign of the return of his old enemy. He is now in excellent health, and the scar quite sound. Here, then, we have a period of more than three years passed over by a tumour which had before recurred seven times at intervals varying from two to five months.—*Med. Times and Gaz.*, Nov. 27, 1858.

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Successful Case of Amussat's Operation for Artificial Anus.—A case now under Mr. Hutchinson's care as an out-patient of the Metropolitan Free Hospital, affords an interesting illustration of the occasional value of Amussat's operation. The bowels had been obstinately constipated for three weeks and eleven days; in spite of the use of free enemata, neither feces nor flatus had been got away. The obstruction was caused by the pressure of a large malignant tumour which completely filled the upper part of the pelvis. The abdomen was greatly distended, and the pain and vomiting were almost incessant. The patient being evidently about to sink, Mr. Hutchinson determined to open the colon in the left loin. This was done without wound of the peritoneum, and a large utensil full of fluid feces escaped at the time. An artificial anus was established, through which ever since the bowels have been freely relieved. More than a month has now elapsed since the operation. The malignant tumour continues to grow rapidly, and will before long cause the patient's death. It is worth mention, that the inconvenience caused by the anus in the loin has been very trivial, a poultice over the part being found quite sufficient to prevent the incontinent escape of gas or fecal matters. If proof of the need which existed for another mode of relief, is the fact that neither flatus nor feces have passed by the rectum since the operation. The same case is of much interest as an instance of a return of cancer in the pelvis after ovariotomy. Probably not fewer than between three and four hundred

ovariotomy operations have now been performed, and as far as we are aware no other instance of the return of cancer afterwards has yet been recorded. The patient made a good recovery after the extirpation of the ovarian cyst, and regained her health and strength. Within three months, however, there were evidences of a solid pelvic tumour, which afterwards grew rapidly.—*Med. Times and Gaz.*, Jan. 1, 1859.

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The Metallic Seton.—As wire is replacing silk and other organic materials for sutures, so it is likely to be used in cases where a seton is used for the purpose of setting up inflammation in serous sacs. Dr. Simpson has used the wire seton with success in hydrocele, and his practice has been followed in London by Mr. Spencer Wells. The first case in which he tried it was one of hydrocele of the round ligament in an out-patient at the Samaritan Hospital. The cyst was of the size of a small orange. It had existed several years, and had been mistaken for hernia. Mr. Wells tapped it the first day the woman applied, and evacuated more than an ounce of clear serum. It filled again in a few days, and he then passed an iron wire through it by means of a common needle, and fastened it loosely in a loop. The fluid drained off, adhesive inflammation was set up, and the wire removed on the third day. The tumour remained quite solid for a few days afterwards, but has gradually disappeared, and the cure appears to be complete. Two other cases, one of a cyst in the neck connected with the thyroid gland, and the other a mammary cyst, have been treated in the same way, and are going on satisfactorily. This mode of treatment is simpler and safer than the injection of iodine, and will probably prove equally or more effectual.—*Ibid.*

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Hysterical Pain in the Knee.—At St. Bartholomew's Hospital, Mr. Skey has under his care a curious and instructive case of hysterical pain in the knee. The patient is a girl of seventeen, who was admitted on the 30th of December, with a most agonizing pain situated in the left knee-joint, which had existed for five weeks. The slightest touch caused her to cry out, and she evinced great anxiety and fear even before the limb was actually examined. With this dreadful pain, there were no symptoms whatever of any real mischief going on in the articulation itself. She had not menstruated for three months, but was otherwise healthy, though of delicate complexion and nervous temperament. Mr. Skey had the girl well supported with wine and good nourishing diet, and an opium lotion was ordered. This treatment seems to have greatly mitigated the pain. Every surgeon is aware that in women the hysterical condition gives rise to an amount of pain which is never present as the actual result of organic disease itself. In this girl, who was under the impression that something very active was being done for her, the pain has subsided, and the joint still retains the natural and healthy condition which it had on her admission. A cradle was at first used to protect the joint; it is now dispensed with, and the weight of the clothes upon it is borne without inconvenience.—*Lancet*, Jan. 15, 1859.

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Cure of Sterility by Division of the Cervix Uteri.—It is not uncommon to meet with women who have been married several years—who, like their husbands, are very anxious for a family—but who have never conceived. Such women often suffer extremely from dysmenorrhœa, and probably did so before marriage. This, in many cases, depends upon contraction of the canal of the cervix uteri—either at one part, or through its whole extent. When this is the case, division of the cervix by Professor Simpson's hysterotome is sometimes almost immediately followed by conception. A case in point was seen last week at the Samaritan Hospital. A woman had been eight years married without family, and as she had dysmenorrhœa, and the canal of the cervix was so narrow that a small sound passed with difficulty, Mr. Spencer Wells divided the cervix on both sides freely quite through. An oiled cotton plug was used for some days, and the woman was lost sight of. This was two years ago; but she brought a child thirteen months old to the hospital last week. Conception followed the operation so rapidly that we may look upon it as the effect, especially as the case only bears out Dr. Simpson's previous experience.—*Med. Times and Gaz.*, Jan. 1, 1859.

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A Group of Ovariotomy Operations.—During the past year twelve cases, in which ovariotomy was either attempted or per-

formed, have been put on record by London surgeons. As far as the writer is aware, they comprise all that have occurred, during that period, to the following surgeons: Mr. Brown (2), Mr. Childs (1), Mr. Erichsen (1), Mr. Hutchinson (4), Mr. Wells (4). We may, therefore, fairly group them together. Of the twelve, eight recovered and four died; seven are still living, and of these six are, as far as is known, in excellent health. The one which has ended in death, after having recovered from the operation, is a case in which the tumour was not removed. In two cases the tumour was not removed, one of the patients dying a fortnight afterwards, and the second within four months. In eight cases the end of the peduncle was brought out externally, and of these six recovered. In two, the old practice of leaving the end of the peduncle and the ligatures in the abdominal cavity, was adopted, and of these one recovered and one died. In all the cases, the tumours were polycystic, and in several they contained colloid material. In only two were no adhesions encountered, and in several very extensive and firm bands had to be broken through. When we add that the cases have not by any means been selected ones, and that in several instances the patient was in very much reduced health, it may readily be granted that this summary offers a very encouraging contrast with the results of the old method of operating.—*Ibid.*

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Irritable Ulcer of the Rectum.—We lately saw Mr. Fergusson treat an irritable ulcer of the rectum in the same manner as he is in the habit of doing in fissure of the anus. The patient was a young female, who had been an inmate of King's College Hospital, and was a great sufferer from an ulcer situated close to the margin of the anus, but involving more particularly the mucous membrane of the rectum. This ulcer was divided across with a blunt-pointed bistoury, the knife at the same time cutting some of the fibres of the sphincter itself. This course has proved very satisfactory, resulting in complete freedom from pain, and healing up of the sore.

A mere fissure of the anus, or a small ulcer within the rectum, as is well known, produces a most intolerable amount of suffering and misery; and it is as well to bear in mind, that a section of the ulcer, with a few fibres of the sphincter in the former, and a partial division only of the latter, will effect a cure. The fissure sometimes is so small as almost to escape detection, but when it is observed, the treatment is obvious. —*Lancet*, Jan. 22, 1859.

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Condy's Fluid in Ulcerated Surfaces.—This fluid, which consists of half a drachm of the permanganate of potass to a pint of water, is being extensively tried at the Middlesex Hospital, by Mr. Henry and others, in cases of burns, large ulcers, and suppurating surfaces arising from any cause, especially where the secretions are not only copious, but at the same time offensive. A case of very severe burn about the body and thighs of a female, admitted on the 2d of October, is doing well with Condy's fluid. She had carron oil applied the first day, and Condy's fluid was commenced on the fourth day, with immediate relief to the pain. This fluid prevents any fetor arising from suppuration. It was employed in two or three instances of cancer of the breast, from which there had been a very foul discharge; also in obstinate ulcers of the leg, and apparently with benefit.—*Ibid.*, Jan. 1, 1859.

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Rupture of the Small Intestine.—Alfred Henley, aged 8, was admitted into St. Thomas's Hospital, September 28, 1858, at half-past seven P. M. One wheel of a light cart had passed over his body. He got up after the injury and ran away so fast that a policeman overtook him with difficulty, and when admitted half an hour subsequently had only slight pain across the belly. There was no tenderness, and no external sign of injury; the face was pale and wore a terrified look, but there was no other sign of collapse. About eleven P. M. pain had increased, and there was tenderness in the hypogastric region. Breathing thoracic; pulse 108. Slept but little during the night; pulse became slower and more feeble towards morning; the extremities became cold, and he died seventeen hours after the accident. He took some arrowroot and bread and butter early in the morning, and a little wine. At the post-mortem examination the small intestine was found to be ruptured completely across about the point where the duodenum passes into jejunum. About two pints of brown fluid containing food were extravasated into the abdominal cavity. The small intestine and mesentery in the neighbourhood were glued together

by peritonitic exudation; the other viscera healthy.—*Med. Times and Gaz.*, Nov. 27, 1858.

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Recent Strabismus cured apparently by the Removal of Necrosed Bone from a Whitlow.—The influence of peripheral sources of irritation upon the nervous system is well known. Teething and convulsions, lumbrici and epilepsy, are familiar examples as regards the great centres themselves. Instances of the sympathetic affection of single nerves, or of isolated groups of muscles, although less frequent, are by no means uncommon. We mentioned, two months ago, a case confirmatory that tenia in the intestine sometimes cause a circumscribed patch of alopæcia on the scalp, and a severe but localized headache. Strabismus in young children sometimes supervenes apparently in connection with worms. The subjects of the curious manifestations of nervous sympathy are, however, almost always either children or delicate women, in whom the cerebro-spinal system is peculiarly susceptible. The following case exemplifies the occurrence of a squint, in an adult man, seemingly in consequence of the irritation caused by a whitlow. At any rate, the squint came on coincidently with the necrosis of the terminal phalanx of one finger, and was wholly cured by the removal of the dead bone.

Owen Jones, aged 37, applied at the Royal London Ophthalmic Hospital, September 24, 1858, for advice about his left eye. He gave the following account of his case:—

Seven weeks previously a whitlow came on the last phalanx of the thumb of his left hand; this was followed by inflammation of the lymphatics, and the gland above the elbow and those in the armpit became enlarged and very tender. The whole arm was very painful. While the limb was in this condition, one morning, on getting up, he found that he saw double, and had a squint in his left eye; this induced him to come to the Ophthalmic Hospital. It was found that he had complete paralysis of the ext. rectus muscle, and could not turn the eye ont beyond the middle line. He also complained of severe circumorbital pain. He was directed to poultice the whitlow, which had burst; to foment his arm, and keep it up in a sling, on the supposition that the pain about the orbit and the paralysis of the outer rectus might depend on periosteal inflammation. Iodide of potassium was prescribed, which he took till November 23d, without any improvement of the eye. The enlargement of the glands in the armpits and above the elbow, and the swelling of the arm, had quite subsided. A loose bit of dead bone could be felt through a sinus on the under surface at the end of the thumb. It was extracted with a pair of dressing forceps.

30*th*. He states that all pain in the arm, and about the orbit, left him soon after the removal of the dead bone. The squint also disappeared. He can turn the eye out till the margin of the cornea nearly touches the canthus. It is only when he looks to his extreme left that he sees double.—*Med. Times and Gaz.*, Jan. 29, 1859.

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MEMOIR.

Report on Anæsthesia and Anæsthetic Agents. By R. M. Glover, M. D., &c. (Concluded from p. 23.)

No. 5. That chloroform kills in many cases by suddenly arresting the pulmonary circulation is my first proposition; and I believe that the opinion which Sir John Fife and myself formed of the cause of death in the first fatal case—viz., that of Hannah Greener—is substantially correct. That this sudden engorgement may be a sufficient cause of death, I conceive cannot be doubted by those who have seen the appearances in animals killed with chloroform. It will be seen by a perusal of the fatal cases which I have given, that many observers speak of this congestion in several of the cases as something enormous. Of the power of many substances to arrest the circulation through the pulmonic capillaries when injected into the blood, the experiments of Mr. Blake afford proof as well as those of my own. I have produced death in this way by many other substances as well as chloroform; but chloroform and its class far surpass any other bodies in this respect, although there are many which act very speedily. I quote the following from my old experiments with a body analogous in its action and as an anæsthetic to chloroform—viz., the Dutch liquid, or chloride of olefiant gas, because it bears upon some other points as well as the singular property

which these bodies have of producing great congestion of the lungs:[1]—"*Experiment 53d.*—Thirty minims of the chloride of olefiant gas were introduced into the jugular of a small, but lively mongrel dog, eight months old. Immediately the animal commenced a series of short, barking yells, each of which was synchronous with expiration. Before the operation the respirations were 48; after it they became 68 in the minute; expiration made with great effort of the abdominal muscles. The heart's action was quickened and irregular, but masked by the state of the respiration. From the first he lost all power of locomotion, but retained consciousness. In twenty minutes, his chest being pressed, with a view to auscultation, he redoubled the barking yells. He was now placed near the fire, where he remained lying on his side, the eyelids at first half closed. Large bubbles could be heard in the chest, and there was a clacking noise in the mouth proceeding from movements of the soft palate." The respirations became more and more frequent for a time, continued bubbles could be heard in the chest, then the respirations became slower, and the animal heat visibly declined, the thermometer at the third hour, a little before death, marking only 63° in the axilla, 72° in the groin, and 82° in the rectum. On inspection, the lungs resembled one vast apoplectic spot. The loss of animal heat has been remarked, both in experiments with the vapour of chloroform on animals, and in fatal cases in the human subject. This is probably due to the suspension of the pulmonary functions in a sudden manner. It has also been noted in many cases that the respiration ceased before the circulation; and it will be seen in how many cases great congestion of the lung, and loading of the right side of the heart and great veins with black fluid blood, are spoken of as leading appearances at the post-mortem examinations. In other cases the symptoms and post-mortem appearances point to syncope from paralysis of the heart as the cause of death, and, as Dr. Snow remarks, when speaking in his posthumous work on this subject, my old experiments show that chloroform can do this. Again, the tetanic spasms in some of the cases, and convulsive movements, like those in epilepsy, show that chloroform exerts a potent action in some cases on the nervous system, and may paralyze the brain and spinal cord. According to Flourens, when chloroform kills by its direct action on the brain and spinal cord, it is by paralyzing the medulla oblongata, which is closely connected with the nerves of the respiratory system, and is the last part of the nervous system to submit to the action of chloroform. The cerebral lobes and cerebellum appear to be first affected, then the annular protuberance and centres of perception and common sensation, the spinal cord, and, at last, the medulla oblongata. This action on the organs of the nervous system is generally progressive, but not always so; sudden death may be owing to deviations from the common course. Perhaps the congestion so often observed in the lung may be due to the action exercised on the extreme fibres of the pneumogastric nerve and other nervous fibres. The first feeling of heat and irritation may be due to the contact of the vapour with them, because the application of chloroform to other nerves causes pain at first, and then paralysis; afterwards these nervous filaments may lose their power, and hence may result accumulation of mucus, imperfect hæmatosis, and cessation of the *besoin de respirer*. In considering the power of the agent to produce a fatal result, it must be borne in mind that the effect of any derangement of the economy is in relation not merely to its actual extent, but to the rapidity with which it is produced. An amount of lesion which can be borne if it take place gradually, may be fatal if suddenly inflicted.

There are two or three things which are especially worthy of attention in reviewing the record of fatal cases of chloroform administration. One is the fact, that a large proportion of the patients appear to have been in perfect health. From no outward sign could any indication be derived as to whether the patient was fit or unfit for the use of chloroform.[1] Another is the fact, that in some cases the fatal effect was produced by a very small dose. In the Bou-

[1] Edinburgh Medical and Surgical Journal, October, 1842.

[1] There are a few cases in which fatty heart and other organic affections may have rendered the patient more susceptible to the influence of the drug; but the fact remains that in the greater number of cases the cause of death cannot be accounted for either by the state of the patient, or, as I believe, by the dose of chloroform, or the mode of its administration. There remains only one thing—viz., a peculiarity on the part of the individual constitution.

logne case, fifteen or twenty drops; in the Langres case, a gramme! The direct inference from these facts is, that it is utterly impossible to do away with the occasional risk of chloroform. Deaths have occurred, too, where Dr. Snow's inhaler was used. A third fact is, the singular one, that most of the deaths are in cases of slight operations. Such I anticipated would be the result when I stated at the inquest on Hannah Greener that I believed most of the deaths would be found in slight operations; and it is astonishing how many are in cases of tooth-drawing and such like, or in cases where no operation at all was performed. I believe the stimulus of the knife and the loss of blood both likely to have a tendency to prevent a fatal result. The absence of death during midwifery practice from the use of chloroform might appear to oppose this view; but the anæsthesia there is seldom required to be so deep as in ordinary surgery. Patients are generally kept in a kind of doze or stupor. I state, however, the facts as they appear to me, and leave others to form their own conclusions. If I am right, then the responsibility of using chloroform in slight operations is doubly increased.

Nothing is more surprising than the extraordinary extent to which chloroform has been given, and the comparatively small number of fatal cases contrasted with the deadly results in those cases in which it has caused death. We cannot account for this in any other way than by ascribing the fatality to idiosyncrasy—a peculiar susceptibility of some persons over others. Look at such a fact as that, in the extensive use of chloroform made in the French Military Hospitals in the East, there was not a single fatal result. Its utility both in alleviating pain directly in operations, and in relieving the sufferings of the wounded, or in depriving the death-bed of agony of half its horror, was admitted.[1] The object here is not then to depreciate the merits of chloroform, but to state the true position of the questions concerning its use.

In considering, too, the deaths from chloroform in reference to their bearing upon its value, an argument which is well stated by Dr. Simpson should be carefully borne in mind. In a letter on Chloroform in Scotland, he says: "After discovering the anæsthetic effects of chloroform, I was of course anxious to get it tried in a surgical operation. The first surgical cases in which it was used were operated upon in the Royal Infirmary here, on the 15th November, 1847. Two days previously, an operation took place in the Infirmary at which I could not be present to test the power of chloroform; and, so far, fortunately so; for the man was operated upon for hernia without any anæsthetic, and suddenly died after the first incision was made through the skin, and with the operation uncompleted. I know of another case, in Edinburgh, where death instantaneously followed the use of an abscess-lancet, without chloroform, the practitioner, in fact, deeming the operation too slight to require any anæsthetic." But I have known an instance where a dog died of fright in an experiment. I had just cut the skin of the groin before introducing the hæmadynamometer,[1] when the animal, a fat Russian poodle, suddenly died, hardly a drop of blood escaping.

I have not space to enter much into the questions as to the exceptional cases in which chloroform may not be used, or as to the use of it in midwifery. For information on these points the reader is referred to the posthumous work of Dr. Snow, or to my articles in the *British and Foreign Medico-Chirurgical Review*, for January and April, 1852, already mentioned; and I proceed to some other matters.[2]

[1] Relation Medico-Chirurgicale de la Campagne d'Orient, p. 465.

[1] The hæmadynamometer is an instrument first used by Mr. Blake to measure the force of the circulation. A bent tube, containing mercury, is connected, by means of a nozzle, with a blood-vessel. Between the mercury and the circulation, solution of carbonate of soda is interposed, to keep the blood fluid. A graduated scale shows the power of the circulation in depressing the mercury.

[2] The arguments against the employment of anæsthesia in midwifery are, chiefly, the so-called religious objection; that its use is immoral, and apt to excite improper feelings in the patient; that in some cases it renders the use of the forceps dangerous; that it is injurious or dangerous to the patient; and lastly, that it is injurious to the child. The religious objection, from "in sorrow shalt thou bring forth," is about as defensible as a similar plea against vaccination. Dr. Simpson denies the alleged fact on which the second is founded. To the third, he replies that every accoucheur should have enough anatomical knowledge to introduce the forceps without reference to the feelings of the mother. The injurious effects on the mother and child are denied. The summing-up of Dr. Bonisson seems the most rational; he recommends the use of anæsthetics generally in painful labour; but in ordinary labour, or where the pain is slight, he hesitates. The surgical cases in which chloroform should not be used, or in which there are considerations which should influence our judgment, are: 1st,

In considering the value of anæsthetic agents, a somewhat curious question presents itself. During an operation the patient often offers signs of feeling—as wincing, or calling out at the use of the knife, and afterwards declares he has felt nothing. Has, then, actual pain been felt, or has he only forgotten it? M. Bouisson established the following categories, under which he ranges all patients under the influence of anæsthesia: 1st. Those who suffer and preserve their intelligence; 2d. Those who lose all sensibility with their intelligence; 3d. Those who preserve their intelligence without suffering; 4th. Those who, in spite of the loss of their intelligence, appear to suffer. The patients of the first class are those who have scarcely respired the anæsthetic vapours, or have improperly respired them, or in whom the slowness of the effect leads us to suppose a peculiarity opposed to the influence of the agent; or, perhaps, the operation has been commenced too soon, and the ether has only had time to exert its primary action on the organism; it has produced excitement, but has not destroyed the ordinary relations between the sensibility and intelligence—the former has been rather exalted than abated. The patients of the second category are in the condition desired for operation. Those of the third class occasionally present some singular phenomena. A curious case is related by Dr. Flagg, of Rhode Island: A gentleman, under the influence of ether, and insensible to pain, was asked by a lady what time it was. He put his hand to his waistcoat-pocket, hesitated a moment, and then transferred his hand to the other pocket, but did not take out the watch. He possessed considerable musical powers while in his senses, and was desired to sing, but made a noise like the howling of a wolf. This gentleman, before being etherized, was told to obey, if he could, what was said to him; and, on recovering, stated he knew all that was said to him, although he could so imperfectly obey. With regard to the fourth category, we can but understand such cases from the analogies afforded by dreams and drunkenness. We may receive in our sleep many odd and painful sensations, see monstrous phantasms, encounter, as we suppose, great dangers, and yet, on awaking, recollect nothing of what has taken place, and be unable to put our sensations together. This is a painful consideration with regard to anæsthetic agents, and should not be without weight as far as their use in slight operations is concerned, especially when the occasional danger is taken into account, and as also the most serious results have occurred in slighter operations.

Nothing can be more difficult than to decide when anæsthesia may not be used at all; but perhaps the following summary of cases, in which, for his own sake, the practitioner should hesitate and be very careful, may be given; for certainly in any such cases a jury would be very likely, especially in the present temper of the public mind, to take a harsh view of the conduct of the administrator:—

1st. Diseases of the heart and nervous centres, when the physical or functional symptoms are advanced, especially where there is intermittence of the pulse.

2d. In patients weakened by anæmia, either from hemorrhage or other causes.

3d. In epileptic patients, or hysterical and nervous females.

4th. In individuals subject to cerebral congestions, or with any symptoms of softening of the brain.

5th. In those who are subject to hæmoptysis or fainting fits.

Lastly. In such as have much dread of anæsthesia.

It may be a question whether a mere hard-drinker is an exception. Many of the patients who have succumbed have been very temperate. In cases of delirium tremens, chloroform has sometimes done good.

Many attempts have been made to substitute other anæsthetic agents for those commonly in use. The number of bodies possessed of anæsthetic properties is very numerous. They may be arranged as follows:—

1. Protoxide of azote, NO.

2. Carbonic oxide, CO; carbonic acid, CO_2.

those which are of short duration and where the pain is trivial; 2d, those which require the active participation of the patient—as, for example, in operating on the rectum—and where particular postures must be maintained; 3d, operations where the sensibility serves as a guide to the operator—as, perhaps, lithotrity; 4th, operations where the object is the production of pain, as in many cases of moxa; 5th, operations where the patient is already insensible. Statistical results are highly favourable, on the whole, to the general beneficial effects of anæsthesia in surgery, and the experience of French surgeons in the East has strikingly corroborated this. Nor does it seem likely that the occasional occurrence of a fatal case will check its *general* use, however much caution may be thus inculcated.

3. Light carburetted hydrogen, CH_2; olefiant gas, C_2H_2.

4. Ethyle series: Alcohol, C_4H_5O+HO; sulphuric ether, C_4H_5O; nitric, $C_4H_5O+NO_5$; acetic ether, $C_4H_5O+C_4H_4O_3$; hydrochloric ether, C_4H_5; Chl. and hydroiodic, hydrobromic and formic ethers.

5. Acetyle series: Aldehyde, C_4H_3O+HO; Dutch liquid or chloride of olefiant gas, and doubtless the corresponding bromide and iodide; monochloruretted chloride of ethyle (see Dr. Snow).

6. Formyle series; Chloroform, bromoform, and iodoform.

7. Compounds of methyle, pyroxilic spirit or wood naphtha, C_2H_3O+HO; rock naphtha, C_4H_5; coal naphtha; formomethylal (uncertain composition); methylal, C_2HO, HO and $2C_2H_3O$.

8. Turpentine, $C_{10}H_8$; benzoyle, $C_{12}H_6$; camphor, $C_{10}H_8O$; creasote, $C_{14}H_{16}O_4$.

9. Bisulphuret of carbon, CS_2.

10. Amylene, $C_{10}H_{10}$.

11. False anæsthetics, as sulphuretted hydrogen, prussic acid, coneine.

12. Mixed bodies, as oleum ethereum, chloric ether.

13. Acetone, C_3H_3O.[1]

Of all these bodies, only three are likely to enter into composition with ether and chloroform; these are the Dutch liquid, amylene, and formomethylal.

The first is the most likely to take the place of chloroform. It is a beautiful, colourless, and volatile fluid, which, in smell and taste, somewhat resembles chloroform. It is, however, more agreeable. I have tried it, and found it answer exceedingly well; and Mr. Nunneley, of Leeds, has especially studied its properties. He found it as powerful as chloroform, and more free from dangerous and disagreeable effects. Animals were quite as completely brought under the influence of the one as the other. Mr. Nunneley used it in several operations with perfect success; but if it can only be obtained at the enormous price which I paid a London druggist for it, its use can never become general. The substance amylene was found to produce perfect anæsthesia. Dr. Snow, after using it in a hundred and forty-four cases with success, had a death from it in an operation for fistula in ano; and, shortly after (July 30, 1857,) another death occurred in the hands of the same practitioner. The substance called formomethylal appears worthy of attention. I tried it on animals with perfect success; but in attempting its preparation in considerable quantity twice, formidable explosions occurred.

On the whole, then, practically, as far as our knowledge goes, the only anæsthetics likely to be of permanent use, are ether and chloroform. Many have proposed the use of a mixture of the two, and different proportions have been recommended. Mr. T. H. Wakley has been in the habit of using equal parts, and, having tried this proportion, upon the whole, I am inclined to prefer it. The substances readily unite in that proportion, the mixture can be inhaled as easily as chloroform, and the combustibility of the ether is diminished by the union. The after-effects, too, appear to be less permanent than those of chloroform. With regard to this point, amongst the after-effects of the last-named body, M. Chassaignac has described what he terms an anæsthetic shivering which occurs in some after the chloroformization, and which may go on into a progressive, and even fatal coldness, if the surgeon does not struggle early and energetically against this fatal tendency. He also observes: "In certain patients the action of chloroform has consecutive effects not far removed, but which, nevertheless, do not produce their peculiarly dangerous consequences until about sixteen, twenty-four, or forty-eight hours. It would seem, in these cases, that the injury done to the vital forces by the chloroform has been so profound that the patient could not recover from it." He succumbs from the stupor and prostration. This chiefly occurs in the old and debilitated. Now, in such cases, the admixture with ether seems less likely to be injurious; and all facts tend to prove the inhalation of chloroform to be more dangerous than that of ether.

With regard to inhalers, Dr. Snow was, as is well known, a strenuous advocate for their use; but deaths have occurred where his own inhaler was used, and in his own hands. My own opinion is, that the simple nose and mouth-piece, with a perforated plate and a sponge, is all that is required. The chloroform can be poured very gradually on the plate, and we have seen that very small quantities of chloroform have produced death, and very large quantities been given with impunity. The great practical guide is

[1] It will be observed how much carbon all the true anæsthetics contain.

to watch the patient, the pulse, but, above all, the respiration.

The various attempts at resuscitation, tried in cases where chloroform seemed likely to produce fatal effects, or where the respiration and circulation have ceased, have been mentioned, and the slight success which has attended them. In the *Lancet* of February 7, 1857, will be found a case, in which, after an operation for tenotomy in a boy four years old, the boy being apparently lifeless, artificial respiration, performed in the ordinary mode, having been tried in vain, Marshall Hall's Ready Method, with sprinkling of cold water and the application of ammonia, were attended with success.

It is not within my province to enter upon the subject of local anæsthesia, nor will the space which can be allotted in this journal enable me to enter more fully upon the subject. For the more general development of my views, and the arguments in their support, I must again be allowed to refer to the articles in the *British and Foreign Medico-Chirurgical Review*, already quoted. The reader, I venture to hope, will there find, at least, that the subject on which I have thus expressed my thoughts, is no new one with me, but has been long and anxiously considered.—*Lancet*, Nov. 6, 1858.

SANITARY AND SOCIAL SCIENCE.

Influence of Occupations on Health.—A writer in a late number (January, 1859) of the *Sanitary Review*, has given some interesting facts relating to this subject, and which are well deserving of attention.

1. *Manufacture of Sand-Paper.*—This occupation, the writer opines, is attended with serious evils. In this occupation the pulverized sand, or pulverized sand and glass, is placed in fine sieves; and, by gentle motion, the powder is equally distributed over paper prepared for its reception. The distribution is done by the hand; and as it is light work, young boys, hardly relieved from leading strings, are employed at it. The result is, that the distributor, from the moment his work commences, is exposed to the inhalation of the irritative dust. A boy was one day brought before us, fatally struck by a chest affection resembling acute pulmonary consumption. On inquiry, we found that the youth, then engaged at the sand-paper business, was in perfect health until the first day he entered on his work. On his return in the evening to his home, he brought with him cough and thoracic pain, which never left him. Quickly the health failed; and when we saw him only three weeks after the commencement of the labour, his chances of life were over. He died within a month. Making further inquiry into this business, we found that this poor youth was the representative of a great class of youths similarly disabled. There were few who ever stood the work. It adds to the shame of these occurrences, that, except in the matter of pecuniary saving in the purchase of young hands, all risk is unnecessary; that by very simple machinery the manufacturer might dispense with the distribution by hand altogether; and that the particles of irritative powder need never be so distributed through the air as to be breathed either by the manufacturers or their assistants.

2. *Walking-Stick Making* is another business which carries with it mischiefs little less serious than the above. The sufferers, however, in this case are men; and the mischiefs induced, as described with great exactness and common sense by one of the sufferers, occur as follow. In order to make common sticks assume various colours and shades, the sticks, when turned and ready for colouring, are gently charred over a coke fire. The men engaged in this department suffer severely from the coke fumes. They grow giddy, lose appetite, and are altogether greatly enfeebled. But more serious danger resides in another stage of the process. The stick having been charred externally, the shading begins. The art of this lies in removing, by a fine rasp and by sand-paper, proper amounts of the charred material. An atmosphere charged with pulverized charcoal is thus produced; and the irritative effect of such inhalation on the lungs of the man, begins almost from the first day of the employment. In the man who came under our notice, the symptoms which had long been present were bronchial, but the mischief was so extensive that his life was clearly shortened by it, and a malady never to be removed was on him. He had constant cough, a flux from the lungs charged with the charcoal particles, and great emaciation. By removing from his work on our suggestion, this man made a partial recovery, and is, we believe, still alive.

From such information as we could gather from this man, we learned that the cough

incident to the occupation is attended in the first instance with considerable acute suffering; but that by and by, as the cough loosens, and as a steady expectoration of secretion charged with the sooty matter takes place, the acute symptoms give way to chronic cough and bronchial flux. "It is all right," said our informant, in referring to the charcoal dust—"it is all right when we can cough it up; if a man get into that way he stands his work for many years; but eventually, the cough always masters us, and so we break down."

The remedy against this evil lies probably with the men themselves. We suggested to our informant that a woollen muffler would be a capital filter and protect effectually. "Very simple, sir," was the reply, "but quite impracticable, 'specially in hot weather, when we feel the dust most."

3. *Hemp and Flax-Dressing* are occupations attended inevitably, as all evidence goes to show, by a series of symptoms, affecting chiefly the bronchial surface, which may be considered specific in kind. We were fortunate, in our inquiries, in having the opportunity of examining an intelligent workman who had been engaged at the business of hemp-dressing and flax-dressing for thirty years; in this time, he had left his work during certain intervals only, in which he had been sick-bound. This man, from the first a sufferer from his occupation, had come into contact, at various times, with many hundreds of men in the same line of life, and he was thus enabled to give us some very correct and extended information. He was quite unbiassed in his narrative; he had great respect for his employers; and so conscientious was he in his statements, that he paid us a special call to correct a slight error into which he thought he had fallen. The experience of this witness is confirmed by that of two others, engaged in the same business at other manufacturers. The history of the dressing process is somewhat as follows:—

The raw hemp comes mainly from Russia and Poland. These countries send the finer qualities of hemp. But a coarser variety is imported from Naples, and this variety was largely used during the late war. The first step in the process of dressing, consists in drawing the rough hemp through the "hackle," a machine in large manufactories consisting of benches in which are inserted series of pins close together, in the manner of a comb of many rows. The hemp, taken by lengths weighing about a pound, is drawn first by an overhand movement, through a coarse set of the pins, and then by an underhand movement through a finer series. These acts complete the primary steps of the process, and during these steps the men suffer very severely; during the whole time the air is charged with dust and fluff. Some idea of the extent to which the fluff is dispersed, may be gleaned from the fact, that, of every hundred and twelve pounds weight of hemp employed, there is escape and loss of four pounds in the dressing. The Neapolitan hemp is much the most indifferent in this respect.

The man to whom we referred at the opening of this section was a sufferer from the first, from his employment. He never could become tolerant of it; and at no time could remain longer than three hours at his work, without going out of doors to restore himself with fresh air. He was subject to constant irritating cough and constant expectoration, very profuse in amount. In the course of his labours, he assured us, he had never known a fellow-workman who did not suffer from the same affection. In some, however, the cough was dry and husky, and even more trying. In country places the workmen suffer less than in London, and in London the work is much more tolerable in warm and dry weather. During fogs, when the fluff cannot find escape freely by currents of air, and when the air itself is of difficult respiration, the labour is hardly to be borne.

There is another curious fact connected with the hemp business which deserves notice. From the Neapolitan hemp there emanates, spontaneously, an odour of a very irritative character; the inhalation of which causes shortness of breath, constriction of the throat, and spasmodic cough in paroxysms. All workmen with this variety of hemp seem susceptible. To satisfy ourselves on this subject, we obtained a portion of Neapolitan hemp which was assumed to have this quality, and soon experienced in our own proper person the truth of the allegations against it. The symptoms caused by it are those of "hay fever," or like the symptoms produced in some persons by ipecacuan. Nor does the dressing of this hemp remove the mischief; for the symptoms are common to the spinners of the dressed variety, although, from working in

the air, these are much less exposed to the fluff.

Flax-Dressing, which is, in fact, but a continuance of the above process, on a finer kind of hemp, is equally injurious to the workmen, and is even worse, as an occupation, than the dressing of Russian hemp. The loss of fluff in flax-work is nearly the same as in the preparation of hemp.

It is possible that a certain amount of mischief to the lungs must always follow the hemp and flax manufactures. But much of the evil might be avoided by a better ventilation in the manufactory. Ordinarily, in the work-rooms, no effort whatever is made to ventilate, and the fluff deposits in abundance on the floor, whence it is again distributed through the air on the merest movement. The spinners of hemp who work in the open air, are only subject to the special ailment caused by the Neapolitan hemp.

4. *Trimming Manufacture*, in which the fluff of silken fabrics is freely distributed through the work room, leads to symptoms of a chronic bronchial kind, not unlike, but perhaps less in degree than, those caused by the hemp fluff. A woman from one of these manufactories came before us with profuse expectoration and cough. The expectoration was coloured as if with blood, and this circumstance had alarmed her considerably. On inquiry, we found that the colour imparted to the secretion was really not due to blood, but to some substance of fibrous texture and red tint. We should have thought that the patient was feigning, but for the physical and unmistakable evidence of severe bronchial disorder. The explanation of her occupation on the part of the patient, cleared up all the difficulty. The woman had been engaged in working red silk, and exposed to the silk fluff, which is given off in great quantities during the twisting process in the making of tassels. The sister of this same person worked at the same business, and suffered in the same way. We found, ultimately, that in the small unventilated room in which this woman spent her working hours with her sister, there were three more occupants, engaged in the same pursuit, and paying the same penalty. The business is one which few can bear for more than a few years, while some break down at once. Much depends on the size and ventilation of the work-room.

We cannot here omit noticing a remark made to us by a woman to whom our inquiries were being directed, in relation to the accommodations of women in work-rooms and manufactories. We always "feel the room," said this person, "more than men, because we are put closer together." Why? we asked. "I do not know," was the reply, "but it seems to be an opinion amongst the masters that women can do with less room and put up with fewer accommodations than men." Like our witness, we cannot say why this is the fact; but on better acquaintance with the facts under consideration, we can confirm every word of her remark. Go into a work-room in which ten men would consider themselves half suffocated; change the occupants for women, instead of men, and sure as fate, where the ten men were arranged, fifteen women will be packed. Such perversity is unaccountable, idiotic we may say. But still the fact, still the fact.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The twelfth annual meeting of this association will be held in Louisville, Kentucky, on Monday, May 3d, 1859. The secretaries of all societies, and other bodies entitled to representation in the Association, are requested to forward to the Secretary, S. M. Bemiss, at Louisville, correct lists of their delegations so soon as they may be appointed. The Convention of Teachers, invoked by a resolution of the National Association, for the purpose of a general conference upon the best means of elevating the standard of Medical Education in this country, will meet in the same city on Monday, the 2d of April.

Medical Journals throughout the United States are requested to insert the above.

S. M. BEMISS, M. D.
Sec'y Am. Med. Assoc.

Naval Medical Board.—A naval medical board for the examination of assistant surgeons for promotion, and of candidates for admission into the medical corps of the navy, will assemble at the Naval Asylum, on Monday, March 7th. The board will consist of Surgeons W. S. W. Ruschenberger (*President*), L. B. Hunter, J. M. Foltz, and Passed Assistant-Surgeon George H. Howell (*Recorder*).

Philadelphia Medical Society.—At a meeting of this Society held on the 7th of Feb. last, the following officers were elected for the ensuing year:—

President.—R. La Roche, M. D.

Vice Presidents.—John Neill, M. D., G. W. Norris, M. D.

Treasurer.—John J. Reese, M. D.

Corresponding Secretary.—John G. Biddle, M. D.

Recording Secretary.—A. E. Stocker, M. D.

Censors.—Francis West, M. D., Lewis Rodman, M. D., S. L. Hollingsworth, M. D., Edw'd Hartshorne, M. D., D. Paul Lajus, M. D.

Orator.—Edward Hartshorne, M. D.

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Obituary Record.—It is with deep regret that we record the death of Dr. P. C. Gaillard, a few months since elected Professor of the Institutes and Practice of Medicine in the Medical College of the State of South Carolina. He fell a victim to consumption on the 14th of January last, in the prime of life. Dr. G. was a well educated, conscientious, and skilful practitioner, and an amiable, courteous, and honourable gentleman. We condole with our brethren in Charleston on the loss which they have sustained.

—— in Augusta, Jan. 6, 1859, of tetanus, Geo. M. Newton, Emeritus Professor of Anatomy in the Medical College of Georgia.

FOREIGN INTELLIGENCE.

Perineal Section for Stricture of the Urethra.—Mr. Henry Smith, in an article (*Med. Times and Gaz.*, Aug. 21, 1858), thus reprobates this operation:—

"Fortunately for the sake of surgical science, and for those who suffer with severe stricture, the time which has elapsed since the first promulgation of the extraordinary doctrines alluded to, is bringing about that which all the argumentation in the world could not effect; facts are being continually elicited which show that the external division of strictures is no more to be depended upon as a 'complete remedy for the disease,' than any other mode of treatment. Patients whose urethral canals were slit up a few years since, are now going about from one surgeon to another, in as bad a condition as they were before. But this is not the worst part, for while the cases which have recovered from the operation have been prominently laid before the profession, death has been busy with others. Not long since a gentleman with severe stricture came to me from Manchester, and he informed me that he had been alarmed and driven to consult a surgeon, in consequence of the fatal result of an operation performed there some little time before by Mr. Syme. The facts of this terrible case are well known in Manchester. Since then the same surgeon operated upon an old shipmate of an intimate friend of my own, the patient being a distinguished naval officer, in the spring of manhood. Death followed in this instance in the course of a few days. And this unfortunate surgeon has since then lost another patient, also in the spring of manhood, from the same species of operation. It is surely to be expected that these three cases, all occurring within a few months, will be given to the profession in their original nakedness; for the operator has in his published writings led us to believe that the external division of a stricture upon a conductor was not only a complete remedy, but a safe operation. In my opinion, it shows either a gross self-deception or want of principle, to assure a poor fellow who is seeking our best advice, that this operation may be performed without danger. At the moment I write I am attending a gentleman labouring under the worst form of stricture, attended with perineal fistulæ, seeking for relief from his terrible sufferings. After being a long time in the hands of other surgeons, he applied to one of large experience in this city, who at once advised him to be cut, and told him that 'there was no danger whatever in the operation.' It is no wonder that, to use his own words, 'he had nearly talked him over.' This patient, however, consulted another surgeon before undergoing the operation, who knew its dangers, and stated them fairly and honestly. He came into my hands in the same, or in a worse condition, than he was in when he was condemned to be cut; but by the utmost perseverance the very great difficulties which presented themselves have been overcome, and thus there is another instance to prove the utter absurdity of the doctrine that there is no other complete remedy for the worst form of strictures but the knife.

"Internal incision was the fashionable remedy for severe strictures twenty or thirty years ago, now there are few who do not

regard it as an utterly unscientific remedy, and one, except in instances of stricture at or close to the meatus, as utterly useless. External incision has been the fashion of late years, but that operation has reached 'the meridian of its glory,' it will soon become a thing of the past, and the well-educated surgeons of the present and succeeding age will look with astonishment upon the fact, that the external division with the knife of a contracted canal, composed in its healthy state partly of involuntary muscular fibre, endowed with the most exquisite sensibility, and subject to the most exciting causes of disease, was solemnly vaunted as a 'complete remedy' for stricture in its most 'inveterate form.' "

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New Views of the Pathology of Fistulæ.—M. VERNEUIL, a clever hospital surgeon of Paris, who for the last few years has put himself forward as a reformer as regards the history, literature, and language of surgery, now attempts to work a change in the views hitherto held respecting the cause of the permanence of fistulæ. M. Verneuil holds that excreted fluids bathing ulcerated surfaces or wounds do not prevent cicatrization by second intention, and that these fluids cannot alone occasion the formation of fistulæ, having only a secondary influence on such formations. The author thinks that fistulæ persist on account of general, local, constitutional, and anatomical causes which prevent the consolidation of ordinary wounds or ulcers, and that special or mechanical causes have been too easily admitted, without regard to more powerful and common ones. He considers, that to the proposition that certain wounds do not close because they are bathed by a continual flow of liquid, should be substituted the following: The flow of liquid is continual, because of the non-cicatrization of the openings in question. As to the healing of wounds in spite of the constant flow over them of excreted fluids, the author mentions lithotomy, vesico-vaginal fistulæ, intestinal or biliary perforations, tearings of the perineum, wounds of the trachea, &c.

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Discussion at the Academy of Medicine on Tubage and Tracheotomy in Croup.—The discussion upon this topic has been revived at the Académie de Médecine; but as it has chiefly consisted in the repetition of arguments and statements already adduced, we have not thought it necessary to continue its analysis. The result is, however, that the attack made by M. Bouchut upon tracheotomy has proved a most signal failure, the discussion having brought that operation out in far higher relief than it stood in before. The following are the final conclusions voted by a large majority at the Academy: "1. Tubage of the larynx, so far as it has hitherto been employed, does not appear to be sufficiently useful, nor sufficiently exempt from danger, to deserve the approbation of the Academy. 2. Tracheotomy, in the present state of science, is the sole means that can be employed when all hope from the use of medicinal agents has been abandoned." This, it will be observed, is a much more unfavourable resolution with respect to tubage than that originally and too good naturedly proposed by M. Trousseau.—*Med. Times and Gaz.*, Jan. 29, 1859.

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Poisonous Sugar Confectionery.—In the Report of the Analytical Sanitary Commission, published in the *Lancet* of the 20th of November last, the results of the analyses of *fifty* samples of various descriptions of sugar confectionery were made known.

Of these fifty samples no less than thirty-five were adulterated, the adulteration consisting, in many cases, of the addition of DAFF, DUCK, *plaster-of-Paris*, or *sulphate of lime;* others, of flour and starch of different kinds, as *wheat flour*, in *potato* and *sago starches*, and *Indian corn flour;* and in others, of the DAFF, and *starch* or *flour* mixed.

The extent of the adulteration varied in many cases from a fourth or a third, even to three-fourths.

In the number of the same journal for 18th of December last, is given the results of the analyses of the various pigments met with in articles of sugar confectionery purchased in London a few days previously.

On an examination of the above analyses, it appears that one or other of the three varieties of CHROMATE OF LEAD—namely, the pale or lemon chrome, the middle or canary-coloured chrome, and the deep or orange chromate of lead, was detected in no less than *twenty-four* of the forty-four articles of confectionery examined.

That one or other of the three varieties of the BRUNSWICK GREEN was present in *seven* samples, this pigment being a mixture of *ferro-cyanide of iron, or Prussian blue*, and one of the CHROMATES OF LEAD.

That in *two* samples the green consisted of a mixture of ARTIFICIAL ULTRAMARINE and CHROMATE OF LEAD, and in *seven* samples of ULTRAMARINE and a vegetable yellow.

That ARTIFICIAL ULTRAMARINE was found in as many as *ten* samples.

That RED LEAD was present in one sample.

That VERMILION CINNABAR, or BISULPHURET of MERCURY, was discovered also in *one* sample.

That ARSENITE OF COPPER was present in *one* sample.

The other pigments noticed were for the most part *vegetable*.

Many of the articles analyzed were thickly coated over with one or other of the poisonous pigments above named. In some the colour was confined to the surface of the articles; but in other cases it extended throughout them.

In some instances, two, and even three and four injurious substances occurred in the same parcel of confectionery.

These results are surely not a little alarming; they disclose a state of things both dangerous and discreditable—dangerous to the public health, and discreditable to the manufacturers of these articles, and to the government which allows of such practices.

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Deaths by the Bradford Poisonings.—The number of persons now known to have been poisoned by eating the lozenges with which arsenic was mixed at Bradford is 225, of whom eighteen have died. Five or six others are still suffering from the effects of the poison, and the recovery of two of them is doubtful. 136 of the poisoned were adults.

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Revaccination.—M. VLEMINCKX has endeavoured to show the value of this proceeding. His conclusions were drawn from observations made on 1,660 individuals; and they are these: 1. Revaccination of subjects well vaccinated is generally of very little utility. 2. Those who have suffered from smallpox have greater reason to be vaccinated than those who have been already vaccinated. 3. Revaccination succeeds better in proportion as it is practised at a distant period from the insertion of the first vaccination or attack of smallpox. 4. Up to the age of 25 it is generally useless. 5. Between the age of 25 and 35 it produces useful results in a very small number of individuals; without, therefore, entirely proscribing it, we need not urgently press its use. 6. After the age of 35 it becomes really preservative, and consequently is necessary. 7. The revaccination of boys at schools, etc., is useless. 8. The revaccination of soldiers in armies constituted as the Belgian army is also unnecessary.—*Med. Times and Gaz.*, Jan. 15, 1859.

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Electro Chemical Anæsthesia.—Some interesting and important experiments have been commenced by Dr. B. W. RICHARDSON, the author of the Astley Cooper Prize Essay "On the Coagulation of the Blood," on the possibility of producing electro-chemical anæsthesia. A sponge, impregnated with chloroform or tincture of aconite, is applied in conjunction with the positive pole of the battery, and a current being passed through the limb, it is found that the anæsthetic influence of the agent employed may be brought to bear in this way upon the deeper tissues, and profound anæsthesia produced. A public demonstration of this method was given by Dr. Richardson, on Wednesday last, at the Grosvenor-place School of Medicine, and the results were satisfactory as indicating the production of deep-seated anæsthesia; but the time occupied to effect insensibility was very inconveniently protracted. The further result of these experiments will be watched with interest.—*Lancet*, Feb. 5, 1859.

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M. Flourens' Nœud Vital.—On this point M. Flourens gives the Academy some fresh details. From these it would seem that the *nœud vital* (that is to say, the portion of the medulla oblongata comprised between the foramen cæcum above, and the point of junction of the posterior pyramids below), is double, being formed of two lateral parts, either of which may supply the place of the other. In fact, one of these halves may be completely isolated, and yet life remain. For the destruction of life both halves must be divided, and each for an extent of 2½ millimetres. Some physiologists having taken the V of gray substance for the vital point, M. Flourens desires to rectify the error: he asserts that this gray substance has no part in the *nœud vital*, and may be removed without injury to the animal.

Salts in the Blood.—M. Robin has been experimenting on this subject, and he finds, that the proportion of salts in the blood during life varies in a notable manner; that it is augmented particularly when alkaline salts are administered for some time in doses which do not cause a purgative action; that in such doses, when they pass into the circulation without exciting purging or vomiting, those of the salts which are alkaline, neuter or slightly basic, are incapable of absorbing oxygen, act as if by diminishing combustion—they make the circulation slower, lessen animal heat, and, according to the dose, are calming and asthenic.

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Smallpox at Geneva.—A very malignant form of smallpox is said to be prevalent at Geneva. It more particularly attacks children, and adults under forty years of age; persons of greater age, however, do not escape, but with them the disease is confined to an eruption of small pimples. With younger persons, these assume the aspect of black pustules, having some of the characteristics of the old plague. Revaccination is being practised to a considerable extent.—*Lancet*, Feb. 5, 1859.

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Wind of a Shot.—In our number for July last, p. 111, we alluded to the common error as to the effect of the wind of shot. M. Pelikan, a Russian, has made some curious observations upon the contusions supposed to be produced by the wind of passing balls, which confirm the views already stated. Mr. P. applied to the committee on artillery of St. Petersburg, and having obtained some pieces of large calibre, had a machine constructed for measuring the force exerted by the wind of balls passing at various distances. The results obtained were constantly the same. At the distance of three inches, a passing ball produced not the slightest effect. The conclusions deduced by M. Pelikan are: 1. A projectile passing very close to any object exercises only an insignificant influence upon it. 2. That what is called the wind of the ball, even with a full charge of powder, has so trifling a force as to be incapable of determining any lesion.

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The London Hospital.—During the year 1858, 1205 cases of fracture were treated in this hospital.

Swiney Prize.—This has just been awarded to Dr. Taylor for his work on Medical Jurisprudence.

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Erection of a New Hospital in Vienna.—The Emperor of Austria has just granted a large extent of crown lands for the erection of a new hospital, which is to contain at least 1,000 beds. The patients are to be admitted without any reference to nationality or religion, and the hospital is founded in honour of the birth of the Crown Prince, the Emperor's eldest son.

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Vestiges of Creation.—Mr. Robt. Chambers repudiates the authorship of this work, ascribed to him in the catalogue of the British Museum.

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Zoological Society Dinner.—On the 21st of January last, a remarkable dinner took place at the Albion, Aldersgate Street, to inaugurate three additions to the British bill of fare. A select party of the Zoological Society, Professor Owen in the chair, met for this purpose; and a very novel repast was arranged under the direction of Mr. Mitchell, Secretary of the Zoological Society. The *pièce de resistance* was Eland, a South African antelope, first introduced by the late Earl of Derby, and now for the first time fatted for the table by Lord Hill. Joints had been sent to her Majesty, to the Emperor of the French, to the Zoological Society, etc. Messrs. Staples dressed it in two ways; it proved excellent in each. A new species of grouse, the Tree Grouse from America, was the next novelty, and with Corton to support it, was highly approved; but a wild goose from the Faroe Islands enlisted the tenderest sympathies of the company from its surpassing excellence. Yet another novelty titillated the palates of the party—Haddock soup! "first-rate," was the general exclamation!—*Med. Times and Gaz.*, Jan. 29, 1859.

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Obituary Record.—Died, in Dublin, January 19, 1859, Sir James Pitcairn, M.D., Inspector-General of Hospitals, in the 83d year of his age.

—— in London, on the 20th of January, Mr. Alexander, Surgeon Oculist to the Queen, sged 76. Mr. A. was known as a dexterous and successful extractor of cataract, which operation he always performed without an assistant.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Ligature of the Subclavian Artery.—In lecturing lately on the subclavian artery, Mr. ADAMS, at the London Hospital, made the following observations on the subject of placing a ligature on that vessel: "You will perceive in the weekly journals the account of a case of axillary aneurism, in which a ligature was placed around the subclavian artery at St. Thomas's Hospital. This case appeared to be progressing very satisfactorily for a few days, but I have been informed that the patient has since died of hemorrhage under some violent action of the arm. Now you will find that many cases in which a ligature has been placed around this vessel have terminated fatally from hemorrhage. We are not much surprised at this, seeing that the impulse of the heart is so great on vessels in such close proximity to this organ as the subclavian; seeing, also, that the clot which is formed in this vessel after ligature cannot be of much length, owing to the number of branches which spring from this artery so near to the seat of ligature. It has suggested itself to me that in such cases it would be desirable to try the application of the metallic ligature in preference to silk; and the plan I would suggest is this: to place around the subclavian a thin metallic ligature, to draw it moderately tight, and then to cut off the ends, and carefully to bring the parts together, so as to endeavour, by the aid of suitable compresses, to bring about a speedy and complete union of all the structures implicated."—*Lancet*, Feb. 19, 1859.

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Paracentesis Thoracis with a Newly-invented Trocar and Canula.—On the 3d of February, a man, aged twenty-five years, was admitted, under Dr. FARRE's care, into

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

Luke ward, St. Bartholomew's Hospital, with extensive effusion into the left pleura, commencing in an attack of pleuritis three weeks before. The symptoms were very urgent, accompanied with considerable dyspnœa; the pulse 120, and the heart displaced towards the right side. At nine P. M. paracentesis was performed by Mr. Coote, who withdrew two pints and a half of thin white pus, a character of fluid which Dr. Farre suspected to exist before the operation. About the same quantity flowed away through the bandages and dressings afterwards. This has been followed by much relief to the patient, who was quiet and easy when last we saw him, on the 5th instant.

The instrument is the invention of Mr. Thompson, of Westerham, in Kent, and has been used several times with success in tapping the abdomen. This was the first occasion of its employment on the chest. It consists of a straight trocar and canula, which are introduced in the usual way; from the side of the latter is attached a small gutta-percha tube of some length, and when the trocar is partly withdrawn (as far as the opening of the tube), it permits the fluid to flow into it, and thus escapes without the possibility of air entering the chest. The instrument is a simple and ingenious one.

In performing paracentesis, the trocar was entered between the sixth and seventh ribs, anterior to the border of the latissimus dorsi muscle.—*Ibid.*

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Opium in Diseases of the Heart.—In the wards of M. Trousseau have occurred recently two striking illustrations of the extreme danger of the use of opium in diseases of the heart. One was that of a woman, the other that of a man; in both of whom death followed suddenly after the exhibition of a moderate dose of this drug. In the case of the latter there were evident symptoms of disease of the mitral valves accompanied by difficulty of breathing, ascites, and considerable œdema of the lower extremities. To relieve the breathing and the general feeling of uneasiness, the *Chef de Clinique*, at the urgent request of the patient, administered a dose of opium in combination with ether. Death almost immediately followed. This took place in the evening. On the following morning, M. Trousseau, finding the patient's bed empty, inquired into the circumstances of the death, and the simple relation of what had taken place called forth the following remarks from the learned professor. First addressing himself to the *Chef de Clinique*, he said, in the plainest possible terms, "Sir, you have killed that man;" then, turning to the students he said: "Gentlemen, let these two cases be a warning to you when in the course of your professional duties you may be called upon to treat patients labouring under diseases of the heart. Whatever you do, be exceedingly chary in the use of opium, more especially in advanced stages of these complaints, as by its exhibition paralysis of this organ is almost sure to follow." The same rule also applies to cases of pulmonary phthisis in their later stages. If the pulse be weak and the expectoration be accomplished with difficulty, the use of opium will produce but one effect, that of hastening death.—*Med. Times and Gaz.*, Feb. 26, 1859.

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Rapid Recurrence of Scirrhus of the Mamma.—The question of greatest interest and importance in the removal of cancerous parts relates to the period of immunity from the disease which the patient may enjoy. This, on the average, would seem to be about two years, but sometimes the disease will recur in a much shorter space of time. At St. Bartholomew's Hospital, on the 5th of February, Mr. Lawrence amputated the left breast of a woman, aged thirty-seven years, for scirrhus, a portion of which had been taken away seven months before. The cicatrix above the nipple was healthy; both, however, were included in an elliptical portion of integument removed with the breast. The disease had implicated some of the axillary glands, which were likewise carefully extirpated. The patient was a stout, apparently healthy, female, with a redundancy of adipose tissue.

On the same occasion, the right breast of a corpulent woman, aged fifty, affected with scirrhus for two years, was removed by Mr. Lawrence, together with a portion of the subjacent pectoralis major muscle, which had lost its usual healthy appearance. Beneath this muscle was found a gland of stony hardness, which it was deemed prudent not to leave behind. Both patients are for the present doing well.

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Ovariotomy Operations.—In our last number (pp. 39—40) we gave a summary of twelve ovariotomy operations performed

last year in the London Hospital. In the *Medical Times and Gazette* of February 26, 1859, it stated that during the previous six weeks four more operations have been performed, every one of which terminated fatally. Thus, in sixteen cases there were eight deaths. What is somewhat remarkable is, that the four last fatal cases were all of them favourable ones for the operation.

[Prof. J. W. HAMILTON states (*Ohio Med. and Surg. Journ.*, Jan., 1859), that in Ohio 24 ovariotomy operations have been performed, of which 11 were successful and 13 unsuccessful.]

MEMOIR.

On Voltaic Narcotism for the Production of Local Anæsthesia for Surgical Operations. By BENJ. W. RICHARDSON, M. D., L. R. C. P., Physician to the Royal Infirmary for Diseases of the Chest, and Lecturer on Physiology at the Grosvenor-place School of Medicine.

Some six months ago I published, in the *Medical Times and Gazette*, a paper on electricity and local anæsthesia. In that paper, which has since been often referred to in the late controversies on so-called "electrical anæsthesia," I tried to prove by experiment that the electric current in no one of its applications could be made to produce insensibility to pain. I explained that the intermittent current, inasmuch as it produces counter shock, might, in sudden operations, such as tooth-extraction, remove the idea or the consciousness of pain caused by the operation, by a diversion of sensation. My experiments up to that time were conclusive in so far as the intermittent current was concerned, and in so far as related to the effects of powerful electrical discharges. They required to be strengthened, however, in respect to the influence of the continuous current—a requirement which I took ready pains to fill up; the result being, in so far as I could judge from observations of experiments made on myself, and on better subjects still for such work, rabbits and dogs, that the continuous current, however used, is incapable of producing any degree of anæsthesia in such way as to be applicable as an adjunct to surgical art. I say as an adjunct to surgical art, because I do not wish to state that the chemical force of a continuous current might not be raised to such effect, as to cause insensibility in a living tissue, through which it should be passed. On the contrary, I think it could; but such insensibility would be bought at a great expense. It would be induced only by absolute decomposition of the tissues. It would be preceded by the infliction of unwarrantable pain, and it would prevent that reparative process which is essential to the success of surgical manipulation.

Should the occasion demand it, I may at another time and with a different object before me explain the facts on which this opinion is based; for the present I have in hand the explanation of a new mode by which anæsthesia may be very simply produced, and which I name VOLTAIC NARCOTISM.

Laying aside for a time experimental work with the electrical force, I began in September last to inquire as to the possibility of producing anæsthesia by other means. The phenomenon known commonly as the going to sleep of the limbs was first passed in review, and I found, after a little trouble, a method of placing my leg in such a position as to induce this phenomenon in a marked degree. But the result was *nil* as regarded the object before me; for I found, however thoroughly the limb was numbed by this process, that, although it might feel a dead weight and its muscles might disobey the will, that externally it was sensitive to the slightest impression, and that the needle point pushed into the skin created just the same amount of pain as in other and unaffected parts of the body. The phenomena produced by this process are in fact closely analogous to those produced in a part by the transmission through it of a rapidly intermittent current of electricity; there is first, the tingling sensation; and, secondly, the sensation of weight and so-called "sleep;" but the cutaneous sensibility remains the same.

I next turned attention to the application of the more powerful narcotics. The well-known fact that the tincture of aconite when applied to the lips produces a sensation of numbness presented itself naturally as open to inquiry; and I found that aconite and some other narcotics did produce a local insensibility which might possibly be turned to account in minor or superficial operations. But in the end I discovered that this method was very limited in its effects; for, even in

so thin a structure as a rabbit's ear, I could not, by the external application of narcotic solutions, produce any such degree of insensibility as to warrant me in proposing this plan as an anæsthetic process.

While these experiments with narcotics were under consideration, a thought occurred to me whether the combination of electricity with a narcotic would be of any avail. On the 31st of October I placed a sponge dipped in a solution of morphia on the arm of my friend, Mr. Gregson, and covering this with a copper plate connected with the positive pole of a small voltaic battery, and bringing the negative pole with a moistened sponge a little lower on the limb, I caused the current to pass, and produced in the course of a quarter of an hour a condition which I never obtained before; for on removing the poles I found that the part over which the narcotic had been applied was pale in colour, and, unquestionably, insensible to pain. Pricked with a needle, Mr. Gregson experienced no sensation; and although the experiment was very imperfect, and its effects transitory, it was sufficiently important to encourage further researches in the same direction.

Continuing these experiments for several weeks, and repeating them with different narcotic solutions on myself and on the ears of rabbits, I felt I might venture, with a convenient apparatus, to bring them more publicly forward. I obtained, therefore, a Pulvermacher chain consisting of 120 links or elements, each element having a surface of double extent as compared with the ordinary chain. The shock given by this chain on completing the circuit is slight even when it is in full action; while the chemical effects are exceedingly good, water being decomposed freely. I first applied this voltaic pile in conjunction with a narcotic to the ear of a rabbit. The ear was first well shaved; it was very sensitive, and a little scratch during the shaving process made the creature struggle and call out lustily. I then placed the ear between two copper plates with moist sponge interposing and connected the external plate with the positive and the internal plate with the negative pole of the battery. On establishing the circuit a slight expression of pain was evinced, and during the whole time of this application the animal was uneasy, and the plates held gently together by insulated spring clips, had often to be readjusted. At the end of half an hour, on removing the plates, I found the ear slightly reddened in colour, and more sensitive to the needle point than before.

Satisfied as to the influence of the simple current, I now moistened the sponge connected with the plate of the positive pole, with tincture of aconite; and, moistening the opposite sponge again with water, I supplied the plates in the same way as before, and with the same pressure. In ten minutes I found that the margin of the ear would bear pricking without exciting movement; and at the end of the quarter hour, on removing the plates, the ear was as insensible as could be wished. I transfixed it in every direction, pinched it, incised it; but the animal was clearly unconscious that any auricular appendage belonged to it on the one side. The insensibility, very little lessened, was present two hours later in the day.

On January 29, of this year, I repeated the above experiment on the ear of a dog; my friends, Drs. Halford and Henry, and Messrs. Bainbridge and Gregson, being present, and lending their kind assistance. The sponge connected with the positive pole was moistened with a drachm of tincture of aconite, to which was added one grain of the alcoholic extract; and the plates secured with slips as before, were kept applied for thirty-five minutes. Then removed, the ear was found insensible at two points only; the plates, therefore, were once more applied with more narcotic solution, and were retained for thirty minutes. On removal, the ear was found pretty generally insensible over the parts where the plates had been applied. Transfixion could be made without the elicitation of pain; and Dr. Halford incised the ear transversely in a line nearly an inch long, without causing any expression of pain. Fifteen minutes later, the insensibility was such that the ear could be transfixed as before without exciting sensation; and at the close of twenty minutes Dr. Halford applied caustic freely to the incised wound with the same result. The animal, meanwhile, seemed exceedingly well. When his other ear was pricked he speedily let us know about it; and, for a few minutes, I think, from having been long held in a cramped position, he walked a little unsteadily; but he took food, showed nothing in the way of coma, and recovered without any unfavourable symptoms, the wound healing excellently well.

On the 1st of February, Dr. Halford and Mr. Bainbridge being present, the left hind leg of a dog was shaved. Around the upper part of the limb, I wrapped a broad copper band, including a sponge saturated with a solution made as follows: Tincture of aconite ʒiij; alcoholic extract of aconite ϑj; chloroform ʒiij. A third part of this solution was placed on the layer of sponge. Around the lower part of the limb, below the ankle, I wrapped another plate of copper inclosing a sponge saturated with water. This done, I connected the upper plate with the positive pole of the voltaic battery, and the lower plate with the negative pole, and at once set the battery in action. Eleven minutes after the establishment of the current, the parts included between the poles were so insensible that they could be transfixed at any point without exciting pain; and at twelve minutes Dr. Halford divided the tendo-Achillis by subcutaneous section, with the same result. The insensibility also extended for a short distance beyond the upper plate. The current was now sustained until the end of an hour, when the upper plate being removed, Dr. Halford proceeded to amputate the limb. The incision was commenced on the inner side of the leg some little distance, ¾ of an inch, below the knee, and was carried across the tibia to the outer margin of the fibula. The limb was then transfixed, and a flap obtained from the posterior half of the limb; a circular sweep was carried to separate the muscles, and the interosseous membrane was divided. Throughout all these steps of the operation, except in the last, the animal gave no wince or indication of pain; but in dividing the interosseous membrane, he drew up the limb; and in sawing through the bones he gave a scream, as if from pain or terror. In the after-steps, including the tying of two arteries and insertion of six sutures, there was no indication of pain.

Within twenty minutes, the animal had eaten two plates of meat, and walked about on his three legs with the utmost unconcern. The wound healed well and gave an excellent stump. On the day after this experiment I found that I could produce insensibility with equal ease in the lids and conjunctiva of the eye of a rabbit.

Subsequently I narcotized the hinder leg of another dog by the same process. The operation was done too hurriedly; the leg was badly shaved, and the plates did not fit. The current was kept up for forty minutes, but long before this time the parts included between the poles were sufficiently insensible to allow of division of the tendo-Achillis by subcutaneous section. In amputating the limb, an operation performed by Dr. Halford, pain was evinced at one point in dividing the posterior flap, and much pain in sawing through the bones. In the other steps of the operation there was no expression of suffering. Seventeen hours after the operation Dr. Halford found it necessary to insert new sutures in the flaps. The parts were still so insensible that no pain was elicited. The wound, however, healed favourably, and the animal showed no sign whatever that could be considered unfavourable.

The first operation on the human subject under this anæsthetic process was performed by Dr. Halford on February 3. Dr. Halford had an infant patient ten weeks old, with a nævus about the size of a shilling on the right shoulder. The child was very irritable when it was brought to us, and continued troublesome; but we succeeded well with the operation. A ring of copper, lined beneath with moistened sponge, was made to surround the nævus, and was connected with the negative pole, while a disk of copper, which rather more than covered the nævus, and inclosed a thin layer of sponge, was adapted to the nævus itself, and was connected with the positive pole of the battery. This latter sponge, first moistened with water, was charged with narcotic solution consisting of five minims of the tincture of aconite and five of chloroform. After a quarter of an hour, during which the current was made, the narcotic sponge was removed, and the parts beneath were found to be quite white in colour. We reapplied the sponge for another quarter of an hour, with more solution, and, on removal, I believed the parts to be ready for operation; but Dr. Halford, wishing to be perfectly sure, urged two more applications. He then transfixed the nævus through the base with two long needles, and ligatured the mass with all the firmness he could; but neither transfixion nor ligature gave any pain. Directly after the operation the infant fell asleep, and the recovery was as simple and quiet as could be desired.

On February 4, Mr. Kempton, of Princes Street, Hanover Square, gave me an opportunity of trying this narcotic system in a

case of tooth-extraction. The tooth was the last upper left molar, and very firm. It was hollow externally, and the cavity admitted of being easily filled with a dossil of lint steeped in a narcotic solution composed of five minims each of tincture of aconite and chloroform. Mr. Kempton, after introducing the narcotic, connected a fine excavator with the positive pole of the battery; and with the point of the excavator pressed on the lint while I placed the negative pole, tipped with moistened sponge, externally, immediately below the lobe of the left ear. Our apparatus being imperfect for the purpose, and the application of the poles being dependent on the hands, contact was sometimes broken, and occasional slight shocks were given, at which the patient has since complained. These were accidental, and avoidable in another case. After an application of five minutes, I removed the poles, and we found that a sensation of numbness had commenced in the tooth, and extended superiorly and laterally, from the tooth as a centre. A new dossil of lint, again saturated with narcotic solution, was inserted in the tooth, and the poles reapplied. In two or three minutes the sensation of shock was not felt—even when contact was intentionally broken. After seven minutes, the poles were removed, and Mr. Kempton extracted the tooth without the patient experiencing the slightest sensation. He explained that he could hear the breakage between the tooth and its socket, but without the merest trace of pain.

On Saturday last I punctured a bursa on the wrist of a girl by subcutaneous section. The plate connected with the negative pole of the battery was placed on the anterior part of the wrist, while the bursa was covered with a disk, which inclosed a sponge holding five minims of a tincture of aconite, made from the alcoholic extract, and five minims of chloroform. This application was three times repeated for sixteen minutes. After the second application the parts to be operated on were white, and at the time of the operation were so insensible that the patient whose head was averted had no consciousness at all that anything was being done. Sixteen hours later the centre part where the narcotic had been applied was still partly insensible. The case did well.

As a test experiment, I placed on another portion of the arm of this patient a narcotic solution made in the same way as that which had been used with the voltaic current. The solution was also applied in the same way under a copper disk. On removal after half an hour the skin beneath was slightly reddened, but there was no insensibility.

The tincture of aconite used in this operation was made by dissolving the alcoholic extract in alcohol, in such proportion that each drachm of the tincture produced contained five grains of the extract.—*Med. Times and Gaz.*, Feb. 12, 1859.

SANITARY AND SOCIAL SCIENCE.

Parentage vs. *Nativity*.—We extract the following remarks on an important subject from the "Fourth Annual Report on the Births, Marriages, and Deaths, in the city of Providence, for the year ending December 31, 1858, by Edwin M. Snow, M. D." These remarks illustrate one particular point in which the mortality reports of the city of Providence differ from nearly all similar reports in this country, and the reasons for this seem to have great weight. A bill for the registration of births, marriages, and deaths, is now under consideration by the legislature of Pennsylvania, and we must express the hope that in this bill the *birth-place of the parents* of the deceased will be required to be entered in the register:—

"In reports upon mortality, it is customary to divide the population into classes, and show the number of deaths, and other particulars, in relation to each class. Thus, we show the number of deaths of males and females, of whites and coloured, of married and single, of native and foreign, the number in different localities, and the number at different periods of life.

One most important object of this division into classes, is to show the effect of the different natural and artificial circumstances in which the population is placed, upon the mortality of the community; and thus to acquire knowledge in relation to the original causes of disease and death. The application of such knowledge to the removal of the causes of disease, and its connection with measures for the improvement of the public health, is obvious.

For the purpose of obtaining such information, particularly in the cities of this

country, the most important of all these divisions into classes, is the classification according to parentage—*the classification according to Parentage* as distinguished *from the classification according to Nativity.*

In all reports upon mortality in this country, except in this city and in Boston, and in the last two Rhode Island Reports, no distinction is made between parentage and nativity; or rather, the nativity alone is given, and no reference is made to parentage.

It is well known, that the foreign population, *as a class*, in this city, and in other cities in this country, are under entirely different sanitary influences from the American population. The greater portion of the foreign population live in a miserable class of tenement houses, with all the want of conveniences, and positively injurious influences of such houses; their social habits are not calculated to preserve health; and a knowledge of the laws of hygiene is entirely wanting among them. Of course, the children of foreign parents are subject to the same injurious influences upon health, and suffer from them more than the parents themselves.

It is evident that any classification of mortality statistics should include the children in the same class with their parents. This is done by the classification *according to parentage;* but the classification *according to nativity*, would include nearly all the children of foreign parents with the American population. In other words, the division of the population, *according to nativity*, makes two classes, as follows:—

The first class includes Americans and their children, and also the children of foreigners. *The second class* includes only adult foreigners.

The effect of the two kinds of classification, by parentage and by nativity, is shown by the following examples:—

The number of deaths, in Providence, during three years past, 1856 to 1858 inclusive, was 3,007. Classed according to *nativity*, or birth-place, there were of

American Nativity . . .	2,443
Foreign Nativity	564
Total	3,007

Classed according to *parentage*, there were of

American Parentage . . .	1,576
Foreign Parentage	1,431
Total	3,007

This shows that, in the classification according to nativity, 867 children of foreign parents are included with the American population, though they are really subject to all the sanitary, social, and other influences of the foreign population. For all purposes of sanitary, or any other investigation, it is evident, that these children should be included with the foreign population.

Take another example. During the month of September, 1858, there were 86 deaths in the city of Providence. Classed according to *nativity*, there were, of persons

Born in United States, 80 deaths; av. age 18.8 y'rs.
Born in other countries, 6 " " 39. "

Classed according to *parentage*, there were of

American Parentage, 42 deaths; av. age 34.3 y'rs.
Foreign Parentage, 44 " " 6.8 "

Can there be any doubt which is the correct classification?

Take a third example. During three years, 1856 to 1858 inclusive, there were 156 deaths in the city, from cholera infantum. Classed according to *nativity*, there were of

American Nativity	156
Foreign Nativity	0
Total	156

Classed according to *parentage*, there were of

American Parentage . . .	55
Foreign Parentage	101
Total	156

Thus, nearly all the mortality reports of cities in this country, as they give only the classification according to nativity, show that none but Americans die from cholera infantum.

These examples are sufficient to show, that the classification of mortality statistics, according to parentage, particularly in our cities, should be adopted for all purposes of sanitary, and other investigation. They also show, that *the classification, according to nativity, has no value whatever; but, on the contrary, gives erroneous information, and is only calculated to mislead and deceive the inquirer after truth.*

Believing in the truth, and in the importance of these views, I have, in the mortality reports of the city of Providence, made all the classifications and analyses of the facts, according to parentage. The results obtained, as shown in this, and in the preced-

ing reports, have been of a most surprising character, and, in my opinion, fully show the correctness of the plan adopted.

One fact, resulting from the recapitulation of three years' statistics, may be given here. The number of deaths, in Providence, of persons of foreign parentage, during three years, 1856 to 1858 inclusive, was 1,431. But if the deaths of persons of foreign parentage had been in the same proportion to the population living, as those of American parentage, the number would have been 1,097, or 334 less than the actual number. In other words, if the foreign population had been in the same circumstances, and under the same sanitary influences as the American population, 334 lives would have been saved, in the three years, or *more than one in five of all* who died, of the foreign population.

This fact could not have been learned by a classification, according to nativity. On the contrary, the classification, *according to nativity*, would show that the annual mortality, during the last three years, has been one in 41 of the persons living, of American nativity, and only one in 70 of those living, of foreign nativity. It is difficult to perceive any value in a fact of that description."

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Influence of Occupations on Health —We present from the *Sanitary Review* (January, 1859) some further remarks on this very interesting subject—

5. *Fur-Dyeing* is another art, the evils of which to the artisan are many, and as serious as manifold. In the young and feeble workers, phthisis is the prevailing malady, in the more advanced chronic bronchitis in its most persistent form. These are the maladies. Let us but sketch out the nature of this occupation, and the mischief of it will not be far behind in the mind.

The object of the fur-dyeing process is threefold:—

1. To make bad furs look perfect.

2. To make the fur of one animal resemble that of another and different animal.

3. To change the colour of various furs.

The materials employed by the fur-dyer for the completion of one or other of these processes are—nitric acid, sal ammoniac, liquid ammonia, antimony, verdigris, litharge, alum, copper, copperas, lime, pearlash, soda, and gall-nuts. The nitric acid is used as a cleansing substance, and also as a staining material to impart a yellow tint to some skins and to lighten the colour of skins which are black. The sal ammoniac, lime, litharge, and soda, mixed up together into solution with water, are employed to remove grease from skins that are going to be turned into a dark colour. The skins are brushed over with this solution.

The colouring fluids used are, first, as we have said, nitric acid. Secondly, a solution made as follows: Copperas, one pound; water twelve pints. This solution is used for producing a very black dye. Thirdly, a solution made thus: Gall-nuts roasted and ground into a powder, one pound; copperas, three ounces; sal ammoniac, two ounces; verdigris, two ounces and a half; litharge, one ounce and a half; copper-dust, two ounces; sumach, three ounces; these are all mixed together with water, so as to make in the whole three quarts of solution. This colouring solution gives either a light or a dark brown dye; light if much water is used, or if only one dressing is given; dark if the solution is concentrated, or if the fur is many times washed over with it.

When a fur is going to be coloured, it is washed over either with nitric acid or with the solution of sal ammoniac, lime, litharge, and soda, named above. The skin is then dried and the dust is beaten out of it; then the colouring solution, whichever it may be, is applied with a stiff brush, time after time, until the desired shade is obtained.

For the colouring of grenadier's bearskin caps, gall-nuts are boiled with the solution to be employed. The grenadier's cap is soaked in the solution.

A variety of other solutions have been tried in the fur-dyeing business, such as indigo, muriate of tin, and muriate of iron. They all fail. The muriate of iron colours the fur, but destroys the skin.

The injuries to health arising from this business occur at different stages of the process. In the first step, where the solution of nitric acid is being applied, a curious set of symptoms appear. As the nitrous acid fumes are inhaled, the mouth, tongue, and fauces are rendered dry and irritable, there is constant constipation, there is constant headache, and the pain in the head is invariably situated in the back part. Later, the skins, moist with the acid solution, are placed (it is the fact) in an air-tight heated chamber to *dry*. When the door of this chamber is opened, there is a perfect flood

of acid vapour set free, in which the workmen are bathed. The effect of the inhalation is invariably to cause cough, dryness of the mouth and throat, constriction of the chest, and pain in the head.

When, instead of nitric acid, the second solution described above is used for the removal of greasy matter from the skins, ammoniacal fumes rise and excite a continued hacking cough, a languor and a headache which can hardly be borne; a stranger to the work cannot tolerate it at all. The drying, after the application of this solution, is done as before, in a large air-tight chamber heated to 130° or more. The workmen have often to enter this room and remain in it several minutes for the purpose of removing dried skins and turning drying ones. The effort against absolute suffocation is tremendous during the performance of this duty.

It is but right to add that in some manufactories, as at Appold's, the principles of common sense in drying have prevailed, and that a ventilating shaft has been introduced into the heated chamber, through which the gases can escape. In smaller manufactories, no such provision is made.

A third and serious mischief is produced by the inhalation of the dust during the beating of the dried skins which have been previously soaked in the copperas solution. The dust thus discharged produces constant irritating cough, and the teeth are almost invariably affected by it; these organs are slowly rendered brittle and generally carious. The grinding down of the colour stuffs from the crystalline to the pulverulent state leads to similar evil consequences. Thus in every part of this business the workmen inevitably suffer.

The remedies of a preventive kind in this occupation are obvious. The exposure to the nitrous acid fumes is removable by free ventilation. The dusting process could all be done by machinery similar to that used for common threshing purposes, and the grinding of the powder by mill-work. There is no class of occupation requiring more urgent reform than the fur-dyeing manufacture.

6. *Cigar and Snuff-Making* are businesses accompanied by reaults little less injurious than those arising from the aforenamed pursuits. The manufacture of cigars consists in rolling up the leaves of the tobacco-plant into the cigar shape; or, in inferior cigars, in rolling up the leaf over a quantity of broken up tobacco leaf together with siftings, and even with the sweepings of the shop. The unanimous testimony of several workmen whom we have examined is to the effect, that, in the most common cigar, tobacco-leaf is always used. There is no other leaf, such as cabbage-leaf, used in the process.

At a further stage of the process, the cigar is placed in the drying-room. During drying the room is charged with vapour, which has much the same effect on the body as tobacco smoke.

In making snuff, tobacco-leaf is finely cut up, well dried, and then pulverized together with an incongruous collection of foreign matter; lime, salt, flour, dust-sweepings, and, in yellow snuffs, lead; or, as one workman remarked, "anything else, as everything does for snuff that will powder fine." The mixture once made, it is placed in a bin, and heat is applied. Two or three times the mixture is removed from the bin to be turned. The heating process gives a sharpness to the snuff.

When the sharpening experiment is concluded, the mixture is sent to the mills to be ground and well dried. Then it is sifted; and lastly, the "liquor" is added to make the powder weigh heavier. The liquor is a solution of common salt and water. The hotch-potch is now finished, and is ready for the nose of the unfortunate consuming sufferer, whom may it continue to please.

The evils to the workmen abound. The rooms in which they work are close, unventilated, and filled with dust, which inhaled, gives rise to throat irritation, cough, and vomiting. Sifting the shorts is in this way more hurtful than rolling the dust cigar. The inhalation of the vapour from the cigar drying-room sets up in young hands all the symptoms of tobacco poisoning; dryness of throat, cough, headache, and vomiting are the prominent symptoms. In snuff-making, the turning of the mixture which is being heated in the bin sets up the poison symptoms even more effectually. The young workman at this department is seriously poisoned; he grows faint and sick, and suffers from violent head-symptoms. His consolation is that he shall get used to the poison if he only sticks to it; and, as far as acute symptoms are concerned, he is not, as a general rule, deceived. The sifting of the

dried and ground snuff is followed by analogous effects.

But it is not to be presumed that the disease symptoms stop where we have left them above. The system of the workman becomes tolerant in some measure; but the tolerance is only partial. There are induced, by continued application, chronic maladies which do not so easily desert him, and which sometimes costs him his life. Pulmonary consumption is one of these diseases. In less serious cases, dyspepsia, anæmia, and rapid and irregular action of the heart present themselves as symptoms, and continue so long as the occupation is the means of obtaining that daily bread which is purchased to supply a poisoned body.

We must not omit to mention, that the occupation leads to excessive abuse in the habits of smoking and chewing tobacco. One man informed us that some workmen seemed as if they could not exist unless they were smoking or chewing.

From these combined evils few workmen, if any, escape; they are rarely able to follow their employment beyond the age of two score years.

In relation to the mischiefs due to the cigar and snuff manufactures, many philanthropists would doubtless offer a sweeping recipe. They would do away with the evil wholesale. We, taking a more practical view, and feeling that any attempt to suppress the business altogether is untenable, would simply suggest palliative measures. These would consist in securing a thorough ventilation of the work-rooms, a plan for turning over the drying snuff with the mouth and nostrils of the turners protected, and the sifting of the snuff by machinery worked in closed boxes or small chambers.

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Sanitary Improvements in London.—It appears, from a recently printed return, that the medical officers of health in the various Metropolitan Districts are actively and energetically engaged in the work of sanitary improvement. In Marylebone, sanitary orders have been issued and satisfactorily executed in 2,635 cases as regards houses, and in 2,000 minor nuisances. And so throughout London has this work of purification been going on during the past year. Pigs and dung-heaps are got rid of, cow-sheds and slaughter-houses improved. In Holborn 1,480 houses have been thoroughly improved, and others closed or pulled down.

When will legislators in this country awake to the importance of similar improvements in all our large cities, by which the sufferings from sickness will be diminished, and life prolonged? When will those who intrust their highest interests to their representatives select for such office those who are sufficiently enlightened to understand that protection from sickness and prolongation of life are matters of as much importance to their constituents as the promotion or protection of pecuniary interests?

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Army Medical Board.—The following official notice of the meeting in Philadelphia of a Board of Army Surgeons, to examine assistant surgeons and candidates, has just appeared in Washington:—

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
Washington, March 4, 1859.

Special Orders, No. 37.

A Board of Medical Officers, to consist of Surgeons C. L. Finley, J. M. Cuyler, and S. P. Moore, will assemble at Philadelphia, Pennsylvania, on Friday, the 1st day of April, 1859, or as soon thereafter as practicable, for the examination of assistant surgeons for promotion, and of such candidates for appointment to the medical staff as may be invited to present themselves.

Assistant Surgeon C. H. Crane is appointed Recorder of the Board.

By order of the Secretary of War,
S. COOPER, *Adjutant General.*

Applicants must be between 21 and 25 years of age.

Applications must be addressed to the Secretary of War; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (*references will receive no attention*) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the medical staff.

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Pennsylvania Medical College.—Dr. ALFRED STILLE has resigned the chair of Practical Medicine in this school, which he has filled for several years with eminent credit

to himself and to the great advantage of his pupils. His withdrawal will be a great loss to the school, and one which they will find it very difficult to adequately supply.

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Medical College of the State of South Carolina.—Dr. E. Geddings has been elected to the chair of Practice of Medicine in this school, rendered vacant by the death of Dr. Gaillard. Dr. G. some years since occupied this chair with distinction, and his learning and experience afford a guarantee that the appointment will be a most auspicious one for the school.

—

Pennsylvania Hospital.—Dr. J. Forsyth Meigs has been elected one of the physicians to this institution to fill the vacancy created by the resignation of Dr. Pepper. Dr. Meigs' reputation and experience justify the expectation that he will acceptably perform the duties of his new position.

—

Medical Department of the University of Buffalo.—Austin Flint, Jr., M. D., has been appointed Professor of Physiology and Microscopy; and Sanford Eastman, M. D., Professor of Anatomy in this school.

—

The Saint Joseph Journal of Medicine and Surgery.—This is the title of a new journal published bi-monthly under the auspices and supervision of the members of the Saint Joseph Medical Society, Missouri. The Editional Committee are J. H. Crane, M. D., O. B. Knode, M. D., and G. C. Catlett, M. D. The only number we have received is that for March (No. 4), which is in every respect creditable, and we wish our new contemporary success.

—

Medical College of Virginia (Richmond). Dr. Thomas D. Warren, of Edenton, N. C., offers a prize of one hundred dollars for the best essay presented to the Faculty at the next session, by a member of the graduating class.

—

University of the Pacific Medical Department.—The establishment of a Medical College at San Francisco, Cal., is announced. The regular course of lectures will commence on the first Monday in May, 1859, and be continued eighteen weeks. The following constitute the Faculty: J. Morrison, M. D., Professor of Pathology and Principles and Practice of Medicine; Isaac Rowell, M. D., Professor of Chemistry; R. Beverly Cole, M. D., Professor of Physiology, Obstetrics, and the Diseases of Women and Children; E. S. Cooper, M. D., Professor of Anatomy and Surgery; B. R. Carman, M. D., Professor of Materia Medica; and Hon. Geo. Barstow, Professor of Forensic Medicine.

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Medical Classes, Session 1858–1859.—

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Medical Graduates in 1859.—

University of Pennsylvania	144
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New York Medical College	23
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Savannah Medical College	8
Kentucky School of Medicine	28
University of Louisville	35
Med. College of Virginia (Richmond)	20
St. Louis Medical College	40
Missouri Medical College	23
Shelby Medical College (Nashville)	11

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Wistar's Balsam of Wild Cherry.—We have received the following note from a son of the late eminent professor of anatomy in the University of Pennsylvania, Dr. Caspar Wistar, in relation to this article, with a request that we should publish it:—

"I deem it to be my duty to state that my father, the late Dr. Caspar Wistar, had no connection whatever with the medicine sold as 'Dr. Wistar's Balsam of Wild Cherry.' I avail myself of this opportunity to mention that I have never had any connection with the said preparation.

"MIFFLIN WISTAR, M. D."

Philadelphia, *March* 9, 1859.

Obituary Record.—We have received with deep regret intelligence of the death of Dr. Thomas D. Mutter, Emeritus Professor of Surgery in Jefferson Medical College, which took place in Charleston, S. C., on the 16th of March.

—— We regret also to have to record the death, on the 13th of February, in Rome, of Dr. C. F. Beck, of this city.

—— Died at Springfield, Mass., Feb. 28, William Tully, M. D., eminent as a pharmacologist. He was engaged in the publication of a work on that subject, of which the first volume only is completed.

—— at Greenfield, Mass., June 8, 1858, in the fifty-seventh year of his age, Silas Deane, M. D. Dr. D. was not only an eminent physician but an excellent naturalist; his name is inseparably connected with the discovery of fossil foot prints in the sandstone of the Connecticut Valley.

FOREIGN INTELLIGENCE.

Diphtheria.—At a recent meeting of the Medical Society of London, a very interesting paper on diphtheria was read by Dr. W. R. Rogers, who gave a concise history of the nature and pathology of the disease, illustrated by several cases which had fallen under his own notice. The work of Bretonneau was the foundation of our modern views on diphtheria; and the descriptions of that accurate observer were found to be verified by the cases which had lately occurred in this country. Dr. Rogers thought that diphtheria was a totally distinct disease from scarlatina, with which, indeed, it had but few features in common; although the fact that the throat was affected in both often led to errors in diagnosis. Dr. Rogers did not believe that the existence of the *oidium albicans* was an essential feature of diphtheria, but was rather to be regarded as an accidental complication. The best treatment of diphtheria consisted in the application of local remedies, such as hydrochloric acid, with an equal quantity of glycerine, and the administration of nutritious food and stimulating beverages—the quantity of beer and wine which patients could bear being often quite astonishing. Dr. Harley, in the course of the discussion which followed the reading of the paper, offered some highly important observations on the nature of the diphtheritic pseudo-membranes, and the mode of their formation. From a careful examination of these structures he had come to the conclusion that they were not to be regarded as fibrinous membranes, but rather as layers of coagulated mucus mixed with epithelial scales, and gradually concreting and solidifying into tubes and casts. He thought with Dr. Rogers, that the presence of the *oidium albicans* was not essential to the disease, and in many well-marked cases which he had carefully examined with the microscope, he could find no trace of the parasitic fungus; but in one case, where he had not found the fungus at first, he found it some hours afterwards, so that he considered the latter found a nidus in the diphtheritic exudation in certain cases. The very insidious nature of the disease was alluded to by most of the speakers; and from the absence of any well-marked symptoms at the commencement, treatment was too often neglected until after the period when it could be useful. Diphtheria should be regarded as a blood-disease of a peculiar nature, attended invariably by the production of a pseudo-membrane on some region of the body, and the early treatment consisted in cauterizing the part where it first developed itself, and at the same time supporting the strength of the patient. Tracheotomy, which is the only resource—and that a hazardous one, in the cases where the trachea is lined with a false membrane—was very little discussed at the meeting from want of time.—*Med. Times and Gaz.*, Feb. 5, 1859.

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New Function of the Placenta.—M. Bernard has discovered a new function of the placenta. "It is destined to perform the glycogenic office of the liver during the first periods of fœtal development, before the liver has acquired its full and complete structure. The function is performed in the glandular or epithelial element, which is found in certain animals to be mixed up with the vascular part of the placenta; in the ruminant class this epithelial element exists separate from other parts, and so as to form plates of an epithelial character on the amnion. No doubt every observer has noticed these, but their signification has been hitherto misunderstood."—*Med. Times and Gaz.*, Feb. 5, 1859.

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Skoda on Typhus.—"We consider that the disease here is one, and ought to be

called abdominal typhus; that the typhoid fever of the French is not to be distinguished from what they call typhus; that exanthematic typhus does not constitute a specific affection, and that it is nothing else than the union of ileo-typhus with the accidental appearance of different cutaneous exanthemata."—*Med. Times and Gaz.*, Feb. 12, 1859.

—

Artificial Anus.—How long can an individual live with an inguinal anus, made soon after birth, in consequence of a total absence of the anal orifice? This question was lately answered by M. Rochard, chief surgeon of the Seamen's Hospital of Brest. This gentleman sent a paper to the Academy of Medicine of Paris, founded upon five cases, the subjects of which were operated upon soon after birth, and an artificial anus made in the left groin. The patients have all lived to a more or less advanced age, one of the operations having been performed by Duret so long ago as 1793. Two questions arose after the favourable report of the paper made by M. Robert: 1st. Shall the surgeon, in cases of imperforate anus, search for the lower end of the rectum within the pelvis, if, previously to incising the perineum, he cannot feel the rectal pouch? 2d. Shall the artificial anus be made in the groin or the loins? Many children have died from the handling of the pelvis and the search after the lower end of the rectum, which sometimes is not found at all. From the discussion and the merits of the question, it would appear that it is safer to open the groin than to cut through the perineum, if the pouch is not felt. As to the second question, it is obvious that the fear of wounding the peritoneum, and of giving rise to hernia, should not make us give up the inguinal anus, as this said infirmity is better concealed and managed by the patient in the groin than in the loins.

—

Deaths from Chloroform in Paris.—Two deaths have within a short period occurred in Paris from the inhalation of chloroform.

The first we shall notice is the following, related to the Paris Society of Surgery, by M. Richet:—

A mechanic, aged 43, was admitted to the St. Louis, January 15, on account of a dislocation of the left shoulder; he being a muscular subject, to all appearance in the enjoyment of good health. He stated that the accident had already occurred twice on the same side before. The accident had occurred a few hours prior to admission, and next morning, January 16, M. Richet, after demonstrating all the signs of a subcoracoidean loxation, tried in vain to reduce it by the ordinary procedures without the aid of chloroform. A few drops of chloroform were now poured upon a piece of linen rolled into the form of a cone, the nose and mouth entering the cone, and the patient being in the horizontal position. No effect being produced at the end of about a minute, the compress was removed in order to be imbibed with another small portion of chloroform—the whole quantity employed during the entire period of application being from four to five drachms. The period of excitement commenced only some seconds after this new dose. The muscles stiffened, the patient pronounced some incoherent words, and sought to get away from the chloroform; his face became flushed, the veins of his neck were swollen, and the conjunctivæ were injected. All this lasted but for a few seconds. The patient, who had thus far inspired very little chloroform, now made some deep inspirations in succession, and anæsthesia with muscular resolution followed. The pulse, carefully watched on both sides during the whole procedure, furnished no indication. Tranquil and well developed at first, it became smaller and more frequent during the stage of excitement, to afterwards resume its former calm and full condition. From three to five minutes elapsed between commencing the inhalation and the production of muscular resolution. Respiration being quite regular, the cone was removed, and M. Richet attempted reduction as before by making direct pressure on the head of the bone. Failing in this, he took hold of the lower part of the humerus with his right hand, and impressed a rotatory movement upon it (without exerting any traction whatever), at the same time that he pressed the head of the bone towards the glenoid cavity with his left hand. The reduction was thus effected with the greatest ease.

M. Richet was about remarking upon the facility with which reduction was effected without traction, when it was announced to him that the pulse had ceased beating at both wrists. The respiration continued calm and deep, without any stertor or abnormal sound. It was now found that the heart had entirely ceased beating. The

windows were thrown open and cold water applied to the face. The features were nowise disfigured, the face was rather coloured than pale, the lips and conjunctivæ being slightly reddened. Suddenly, after five or six rapid and deep inspirations, respiration ceased abruptly. Drawing the tongue out of the mouth, M. Richet, by pressure on the thorax and abdomen, practised artificial respiration. All this was the work of an instant; and, for a moment, the functions seemed to be about to be re-established, the patient making three large and deep inspirations at intervals of a few seconds. This hope was delusive, for the action of the heart could not be re-established, in spite of the continuance of artificial respiration for more than half an hour, and the application of every description of stimulus. The extremities soon became cold, and the face, which had retained its normal colour, was now pale, and all hope of resuscitation was abandoned.

A very minute account is given of the autopsy, performed twenty-four hours after death; but we will only notice the chief points. The lungs on being divided at their anterior half presented an entirely normal appearance; but posteriorly they were violaceous in colour, and somewhat more friable in their texture than in the natural state; a good deal of thick black blood flowed out on incision, but they swam in water. The heart was flaccid, soft and large. No coagulum, and only a little black fluid blood was found in the ventricles; but the auricles were somewhat distended with this fluid. There was, in fact, nothing remarkable about the heart, except its extreme flaccidity, and the slightest consistency of its fleshy fibres, which were torn with the pressure of the finger with an incredible facility—the autopsy being conducted in a very cold room. The veins of the thorax, abdomen, and limbs were filled with black blood; but neither in these nor in any other part was the presence of gas or the odour of chloroform discernible. In the viscera of the abdomen there was nothing noteworthy; and in the cerebro-spinal syatem no abnormal congestion, or other morbid appearance, was found.

On analyzing all the details of the case, M. Richet rejects the explanation of the death by asphyxia or syncope, and believes that it was due to sideration of the nervous system, as in the experiments by MM. Cos and Gosselin; the contractions of the heart becoming paralyzed either by the medium of the nervous system, or directly by the action of blood charged with chloroform, and hence rendered incapable of exciting the central circulatory organ.

The second case was the following, communicated to the Surgical Society of Paris, by M. Marjolin:—

A little girl, aged seven years and a half, on whom forcible straightening of the hip-joint was to be performed, had suddenly died from the effects of the inhalation of chloroform. The quantity inhaled was within one drachm, and the apparatus used a simple sponge. The pulse was carefully watched from the beginning, and apparent anæsthesia had twice taken place, the child, however, crying and struggling each time the diseased joint was handled. On the second occasion the surgeon was on the point of again desisting, when the agitation and cries suddenly ceased. Circulation had stopped, and neither cool air, slapping, artificial respiration, nor electricity could re-establish it. The efforts at resuscitation were continued for three-quarters of an hour. The autopsy revealed congestion in the cerebral and thoracic cavities; but no special lesions nor strong smell of chloroform were noticed. Some of the blood, kept for four days, did not coagulate, and chemical analysis did not lead to the detection of chloroform. When the diseased joint was examined it was found, before laying it open, that motion backwards was impossible; on opening it, the synovial membrane was noticed to be covered, through its whole extent, with fungous excrescences, some hanging loose, the others adherent. They were most numerous where the synovial membrane is reflected on the femur, on a level with the cul-de-sac of that region.

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Accidents Occurring after Revaccination. Mr. M. H. Larrey, in a communication to the Academy of Medicine, gives an authentic account of the accidents which had followed the revaccination of certain artillerymen stationed at Toulouse. Sixty men were revaccinated on the 21st of June, with the usual precautions, from the arms of healthy adults. In nine of these serious accidents supervened, which were divisible into two categories, viz., general accidents of a typhus form, and local accidents of an erysipelatous

form. The former occurred in three of the cases, and in these local accidents only appeared consecutively. In the other six the local symptoms appeared after, to be followed secondarily by fever. These cases were, however, no less serious than the others, for all the phenomena of severe phlegmonous erysipelas were developed. One fact is to be remarked, viz., that with the exception of one, in all the cases, although vaccination had been performed in both arms, engorgement was only observed in the right arm. In appreciating the causes of this singular occurrence, M. Larrey adverts to the unusually high temperature, and to the fact that erysipelas was all that period prevalent in Toulouse. The artillery at that time, too, had to undergo unusual "fatigue," and it was ascertained that several of the "men had declined to avail themselves of the exemption of grooming their horses allowed for some time after revaccination." The force of this latter circumstance is seen in the fact that all the men were seized in the right arm, with the exception of one who was left-handed.—*Med. Times and Gaz.*, Jan. 15, 1859, from *Bulletin de l'Académie*, tome xxiii.

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Vegetable Parasites of the Human Skin. Mr. Jabez Hogg read an interesting paper on this subject before the medical society of London (January 24, 1859), the object of which was to show the fallacy of the theory propounded by certain physicians, who attributed certain special diseases of the skin to a vegetable parasite peculiar to each disease in question; thus, that the porrigo favosa (the cupped or honeycombed ringworm of Willan) is caused by a parasitic fungi called *achorion Schönleinii;* that the porrigo scutulata of Willan is due to the parasite *tricophyton tonsurans;* that the porrigo decalvans is due to the *microsporon Audouini;* that sycosis or mentagra is due to the *microsporon mentagrophites;* and that the pityriasis versicolor is due to the *microsporon furfur.* The author combated this hypothesis by exhibiting the microscopic appearances of the fungi which were found in the products of these diseases, and showed that the same fungi were common to all, as also to other skin-diseases not included in the category of other authors; and summed up his arguments as follows: Fungi are well characterized throughout nature by feeding on effete or decayed matter; the fungi supposed to be peculiar to certain diseases of the skin were also found in many other diseases of the cutaneous surface; competent observers had not been able to find them in those peculiar diseases; sporules and filaments, described as the cause of one definite disease, had been found in the products of another definite disease, supposed to have a parasite of its own, differing from this and peculiar to itself; and, lastly, attempts had been made in vain to implant these parasites in the healthy skin; hence one could not but conclude that the whole theory was erroneous, and that special parasites peculiar to and productive of special diseases did not exist. It was the author's conviction that the fungi found on the skin and hair were not primarily the cause, but rather the result, of disease. Mr. Hogg concluded by sketching the natural history of the vegetable parasites, with a view to illustrate the subject by analogy.—*Brit. Med. Journ.*, Feb. 26, 1859.

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Caucasian Insect-Powder.—The so-called Persian, but properly termed Caucasian insect-powder has long been known to the Trans Caucasian populations, under the name of "Guirila." In that paradise of vermin, it is an article of a very considerable commerce, and is not only carried inland through Russia in large quantities, but is also exported to Germany and France. A large dépôt exists at Vienna. It is a coarsely-ground powder of a green colour, and penetrating odour, formed of the flowers of the *pyrethrum carneum*, and *roseum*, which grow in the Trans-Caucasus at a height of 5,000 or 6,000 feet. This powder possesses the peculiarity of rapidly stupefying the insects, which soon afterwards die. Strewed about the room or the bed, it proves a poison to fleas, lice, flies, etc. In the military hospitals in hot countries it is an invaluable preventive of the formation of maggots in wounds, and the more so inasmuch as its use is attended with no disadvantage, unless employed in large quantities in closed bedrooms, when it may give rise to confusion in the head, such as is produced by flowers or new hay. It has been long used as a means of preserving insects; and cannot be too strongly recommended to those who have the care of herbarian and other natural history collections, liable to the depredations of insects. Unfortunately the demand for the powder has been so great of late as to lead to its adulteration by the addition of the stalks

and leaves of the plants to the flowers, and to the mixing of the new with stale powder. As a general, the powder purchasable in Germany is very different from the Asiatic in colour, smell, and efficiency.—*Medical Times and Gazette*, March 5, 1859, from *Buchner's Report.*

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Surgeons in the British Navy.—The following extract from a recent speech in the House of Commons of the first Lord of the Admiralty, Sir JOHN PAKINGTON, gives encouraging assurances that the position of these officers will be improved, and that the same comparative rank and emoluments will be allowed them as has been given by a recent warrant to their brethren in the army:—

"In answer to a question put to me yesterday, I stated that I should avail myself of this occasion to allude to a subject which has lately excited very great interest—viz., the present position of the surgeons of the Royal navy. (Hear, hear.) I am sorry to find that my answer has been very much misunderstood. I by no means intended to imply that I had any doubt or hesitation as to the course to be adopted. On the contrary, I then meant, as I mean now, to express in distinct terms my opinion that the present position of the surgeons in the navy is not satisfactory. (Hear, hear.) But I go still further. The complaints we now hear from these officers are, no doubt, much founded upon the late warrant issued in respect to the army; but I think that even before the date of that warrant the surgeons of the navy were not relatively placed on an equality with their brethren of the army. Now, however, they have an unanswerable claim to the consideration of their country. Nothing in the military service could be nobler or more gallant than the manner in which the medical officers of the navy have discharged their duties under the most trying and painful circumstances, and they are, therefore, entitled to more liberal treatment than they now receive. Their claim is based upon two grounds—first, it is due to them as gentlemen that their position should be improved, and, secondly, public policy requires that the services of this most useful branch of the profession should be more highly appreciated and better requited, so that able and efficient men may not be deterred from joining the navy. It is, therefore, our intention in spirit and in substance to concede to naval surgeons the advantages which they justly seek to obtain. At the same time I will not and cannot now commit myself to the exact mode in which that object shall be carried out. The peculiarities of the naval service may render it inconvenient to follow the precise rule pursued in regard to the army; but these and other points of detail will be duly considered before our plan is finally decided upon."—*Med. Times and Gaz.*, March 5, 1859.

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Fothergillian Gold Medal of the Medical Society of London.—This medal for the present year has been awarded to Mr. A. T. H. WATERS, of Liverpool, for an essay on the Anatomy of the Human Lung.

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John Hunter's Coffin.—It will be interesting to the profession to know that the remains of the illustrious JOHN HUNTER have been discovered in the vaults of the Church of St. Martin-in-the-Fields, London. By an order in council the parish authorities were required to remove all mortal remains from beneath this church. Mr. Frank J. Buckland, Assistant Surgeon 2d Life-Guards, and Mr. Quekett, Curator of the College Museum, were allowed leave to be present during the removal of the coffins from Vault, No. 3, a work, Mr. B. states, requiring immense labour and much time. Mr. B. states: "On the afternoon of Tuesday, February 22d, I was rewarded by finding the coffin of John Hunter, underneath several others, and towards the back of the vault—being, in fact, almost one of the last to be removed. It is in excellent preservation, the cloth only upon it having decayed in places; the handsome brass plate is as perfect as when originally engraved; the coat of arms is uninjured, and the inscription clear and distinct. It runs as follows:—

John Hunter,
Esq.,
Died Oct. 16th,
1793.
Aged 64 years."

It is proposed that the profession in London should accompany the remains to its last resting place, and that the opportunity should be now taken advantage of to erect a monument to his memory. A general subscription among the profession in all countries might be made to obtain means to erect such a monument.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Clubbing of the Finger-ends as a Symptom of Thoracic Disease.—A very interesting case has been recently under care in St. George's Hospital, of large subclavian aneurism, in which the circulation of one upper extremity had for a long time been greatly interfered with. We do not, however, now advert to its details any further than as they bear upon the right interpretation of clubbing of the fingers. The fingers of the affected arm had become clubbed in a very marked degree, while those of the other hand had retained their original shape. The man was not the subject of phthisis or of tubercular deposit in any form. It seems, therefore, clear that simple retardation of the circulation in the part is, if long continued, an efficient cause of this peculiar symptom.

Clubbing of the fingers, when not an individual peculiarity, but coming on during ill-health, has often been considered an indication of pulmonary phthisis. By what steps of causative influence it was produced no one knew. Some years ago, in the practice of the City Hospital for Diseases of the Chest, the writer took considerable pains to ascertain its value as an indication of phthisis, and to discover whether it was in any way connected with the tubercular dyscrasia. Several cases of chronic empyema discharging through the bronchial tubes, displayed it in a very marked degree, while in none of them was there any reason to suspect tubercular disease. For a time he felt inclined to connect it with profuse expectoration from whatever cause rather than with tubercular disease. The observation of some instances of cyanosis in which it was present, however, overthrew this hypothesis. The case of a lad under Dr. Barker's

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

care, in St. Thomas's Hospital, has in particular fixed itself on his memory in connection with this point. The boy had congenital malformation of the heart, and his face and extremities were constantly livid and blue. His fingers were remarkably clubbed, and so were all his toes, as is very commonly the case. He had never had any cough or expectoration. The occurrence of this symptom in the cyanotic removes it in a very positive manner from any necessary connection with the tubercular diathesis, since, as is well known, blue blood is to a certain extent antagonistic to that condition. Thus, then, it seemed fair to conclude that a symptom occurring in phthisis, empyema, and cyanosis, must depend upon some one condition which these affections have in common, and not upon tubercle, which is present only in one, or on profuse expectoration, which occurs in only two. Retardation of the circulatory fluid and its insufficient aeration, seemed to be this one phenomenon common to them all, and in further support of this view was the fact that it is far from being universally met with in phthisis, and usually seems proportionate in degree to the evidences of pulmonary obstruction (purple lips etc.).

It is needless after the above enumeration to point attention to the peculiar interest which Dr. Ogle's case possesses as furnishing a sort of crucial proof of the truth of the conclusion arrived at. The phenomenon in question being exhibited in it in one hand only, it was clear that it could not depend on a constitutional cause, but must have been induced by some influence peculiarly exerted on the affected member. There could be little difficulty, under the circumstances, in saying what this influence was. In future, therefore, we may safely conclude that clubbing of the ends of the fingers, with whatever form of disease it may be associated, is an evidence simply of impeded circulation and of deficient oxygenation of the blood.—*Med. Times and Gaz.*, March 19, 1859.

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Gastrotomy in a Case of Stricture of the Œsophagus.—On Sunday last, at Guy's Hospital, Mr. Cooper Forster again performed gastrotomy in a case of stricture of the œsophagus. [The particulars of the first case will be found noticed in the number of the *American Journal of Medical Sciences* for April, 1859, p. 510—513.]

In the present case the patient is a boy who was admitted under Dr. Addison's care about fifteen weeks ago on account of the effects consequent on having swallowed some caustic alkali. As he recovered, the symptoms of contracted œsophagus became increasingly apparent, and at length it was evident that unless relieved by an operation the lad must die of inanition. Under these circumstances he was transferred to Mr. Forster's care, and, as we have said, the stomach was opened on Sunday last. The viscus being itself contracted and the bowels about it distended, the operation was by no means so easy as might have been expected. The edges of the opening were secured to those of the external wound, and fluid nutriment in moderate quantities has since been administered by it. Up to Tuesday night (our last report) the boy was doing well, much gratified at the relief of his hunger, and without any signs of peritonitis.—*Ibid.*

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Cases of Excision of the Knee-Joint.—Two cases in which excision of the knee-joint has been performed are now under care in King's College Hospital, which present certain features of more than ordinary interest. The subject of the first was a young man who, about three years ago, had been under care in the same hospital on account of a diseased knee, for which amputation had been advised. His parents refused to consent to the operation, and took him home. Subsequently, anchylosis occurred, but the position of the limb being very bad, and sinuses still continuing to discharge, he at length sought readmission, and desired that amputation should be done. There was now no great amount of swelling, but the tibia was retracted and firmly fixed. The lad was in fair health. It was determined to excise the joint, and on Saturday week chloroform was administered for that purpose. On exposure of the parts it was found that a very large amount of new bone had been thrown out, and that the anchylosis could not be broken through. Mr. Fergusson was, therefore, obliged to saw through both bones from before backwards, and much difficulty was encountered. A wedge-shaped mass, including the anchylosed extremities of the bones, with the patella, was at length removed without injury to the important structures in the popliteal space. It was found, however, that the

bones could not be brought into the straight position, and two other slices had to be sawn off before coaptation was practicable. Mr. Fergusson subsequently described it as one of the most difficult incisions he had ever had to perform. The limb was of course considerably shortened, but it was quite straight; and if, as seems likely, the man make a good recovery, will be a very useful one.

The second case was operated upon on Saturday last. A man of middle age was placed on the operating table, with the history that he had suffered from disease of the right knee for two years. There was but little swelling, and no sinuses. No abscess had ever presented externally. The tibia was a little retracted, and there was also a degree of eversion of the foot of ominous import as to the condition of the crucial ligaments. The history given was of very painful and disorganizing inflammation. The useal treatment, including issues in front of the joint, had been tried in vain. On the joint being laid open, a state of disease was disclosed far greater in extent than had been expected by most observers. The cartilages were wholly destroyed, and the bones deeply eroded. The condyles of the femur were indeed almost removed by caries, and a portion of loose bone, the size of a large nut, had been separated from one of them. The section of the femur showed one of those circumscribed patches of yellow induration of bone, which, since the practice of excisions has become general, must have been made familiar to most surgeons. The yellow patch had a circumference about equal to that of a shilling; it was harder than the surrounding more vascular tissue, and was also margined by a line of deep red. Mr. Fergusson removed with the gouge the part thus affected, but remarked afterwards that he did not consider that this measure was always absolutely necessary, as he had sometimes left portions of bone in this condition, without witnessing any unpleasant results.

In both the above cases, Mr. Fergusson made only a single transverse incision. This method of operating, which, as far as we are aware, has not yet been adopted by any one else, appears to be a great improvement. The wound left is very much smaller than when either the H-shaped or the horse-shoe incision is practised, while ample room is afforded for the exposure and section of the extremities of the bones. With regard to the patella, Mr. Fergusson, who was formerly an advocate for its being retained when not too extensively diseased, now always removes it. He states that it is not unfrequently the source of much trouble in the after treatment of the case, and that its retention does not serve any useful purpose. With regard to the white hardening of limited portions of bone above alluded to, there can, we should think, be little doubt that it is indicative of a state of inflammation usually destined to end in necrosis. Whether it is safe practice or otherwise to leave such portions ungouged, must depend upon the stage to which the disease has advanced. If the line of separation be, as it often is, already apparent, there can be little doubt that the subsequent exfoliation of the fragment would be likely to retard materially the union of the opposed surfaces of bone. To find loose portions of bone in the interior of diseased joints is by no means infrequent, and one such was present in the case before us.—*Med. Times and Gaz.*, Nov. 27, 1858.

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Amputation by the Long and Short Rectangular Flaps.—On Thursday week, Mr. Pollock, at St. George's Hospital, performed an amputation of the thigh by rectangular long and short flaps, after the manner recommended by Mr. Teale. It is, we believe, the first instance in which this mode of operating has been adopted in our London hospitals. The ligatures all came away within the week, and to a large extent union was by first intention. The operation has given great satisfaction in this instance, and from the opinions which we hear expressed, Mr. Teale may confidently anticipate that his plan will have had, before long, a very extensive trial. Most surgeons who have seen his work have, we believe, been led to entertain a favourable estimate of the procedure.—*Ibid.*

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Influence of Bleeding in Controlling Peritoneal Pain.—This was remarkably illustrated in a pale, slight-made young man, aged twenty, who was admitted into St. Bartholomew's Hospital, with a congenital inguinal hernia of the right side, strangulated only four hours. The operation was performed by Mr. Coote, on the 21st August, and the sac opened, when reduction was accomplished. The same night the most

violent peritonitis ensued, for which he was bled to sixteen ounces, with the most rapid and marked relief to the pain, which became completely dissipated. His strength was well supported by brandy, wine, and beef-tea, and he made a good recovery.—*Lancet*, December 11, 1858.

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Iodine and Mercurial Ointment.—A favourite ointment in use at St. Bartholomew's Hospital, for removal of obscure swellings, depending upon inflammation or some other cause, is ten grains of iodine, with a drachm of mercurial ointment and an ounce of lard. We saw its efficacy tested in a case of swelling over the left hip in an elderly man, under Mr. M'Whinnie's care, commencing seven or eight months ago, and supposed to be due to disease of the upper part of the femur. It had almost entirely disappeared by the use of this ointment, and the patient seemed in every way better. —*Ibid.*

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Alum and Savin in Condylomata.—In these raised patches of skin, known as mucous tubercles, or condylomata, existing about the verge of the anus and around the genitals, but especially those which are wide spread and flat, more extensive than prominent, Mr. Coulson, at St. Mary's Hospital, has been remarkably successful in producing the diminution of the swelling, and causing them to dry up, by the application of a powder consisting of equal parts of savin and alum. This is quite painless, and a cure is generally completed in a few days. Of course, an adjunct to this is cleanliness and the free use of soap and water.—*Ibid.*

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Soap and Lead Plaster.—This consists of a mixture of equal parts of the emplastrum saponis and the emplastrum plumbi of the Pharmacopœia, which is spread on soft lesther with a little powdered camphor, and is much employed at the Cancer Hospital in cases of cancer of the breast which have not ulcerated. The lead in this plaster exerts a peculiar sedative effect on the disease, which is either kept in a stationary condition, or slowly becomes diminished, and sometimes is almost wholly absorbed.

An excellent embrocation is also found very useful at this institution, in effecting the same results as the plaster. It consists of equal parts of the liquor plumbi diacetatis and almond oil, with about the same quantity of distilled vinegar and water. This forms a white emulsion, very useful sometimes when inflammatory symptoms are present. The oil keeps it moist, although it does not mix very well with the other ingredients.—*Ibid.*

CLINICAL LECTURES.

Clinical Lecture on Nævus, delivered at University College Hospital. By JOHN ERICHSEN, Esq., Professor of Surgery, &c. —Nævus is, perhaps, the most common congenital malformation or disease requiring surgical interference, and probably the most frequent cause of operations on young children. The methods adopted by surgeons for the removal of this affection are very varied; but however much they may differ in detail, they are all referrible in their mode of action to one of three principles, viz: 1. Those means, such as the seton, subcutaneous section, vaccination, and the injection of various astringents, which act by exciting inflammation, and eventually induce plugging and obliteration of the vascular network that constitutes the nævus. 2. Caustics; the electric and the actual cautery, which act by destroying the morbid structure. And, 3. Its removal by means of the knife or ligature. Now it is not my intention to-day to enter upon a general description of these different methods of treatment, but my object is to endeavour to point out to you how they require to be modified according to the situation and nature of the nævoid growth. Instead, therefore, of discussing those *principles of treatment* which are applicable to nævus generally, I will endeavour to render the subject more simple and practical by bringing before you cases and observations illustrative of the treatment of nævus, according to the region it occupies.

Nævi of the Scalp are more frequent than in any other situation, except, perhaps, the face. When occurring on those parts that are covered by hair, they are almost invariably prominent and subcutaneous; when seated on the forehead, or on the bare skin behind the ears, they are often cutaneous. The ordinary subcutaneous nævus of the scalp is readily removed by the application of the quadruple ligature. In performing

this little operation, it often becomes a question as to whether any of the integument covering the growth should be preserved. In general, I think it better not to attempt its preservation. It is true that when removed, a clean white cicatrix is left which never covers itself with hair; but this contracts, and in after-life becomes but little visible. If you attempt to dissect down the skin that covers the nævus, you will find the operation not only troublesome, but attended by a very considerable, and possibly a dangerous amount of hemorrhage. Those flat nævi that are situated behind the ear are here treated, as in the case at present under my care, by the free application of the fuming nitric acid.

Nævus of the Fontanelle is the most important variety of the scalp nævus, and constitutes a somewhat formidable disease. You see, as in the case of a child nine months old which we lately treated, a large purple tumour situated within the anterior fontanelle, rising and falling by the pulsations of the brain communicated to it, and becoming distended and tense when the child cries. The tumour is evidently close upon the membranes of the brain, and may be looked upon almost as an intracranial rather than a scalp tumour. The close proximity of the tumour to the brain and its membranes often deters practitioners from interfering with it; and I not unfrequently see cases in which the parents of the child have been counselled not to allow any operation to be practised, lest death should result. But yet this tumour, so formidable in appearance, and so deeply seated, close upon the brain, and as it were within the cranium, may be removed with the most perfect safety by the ligature, if you know how to apply it. I have often tied nævi in this situation, and have never seen any ill consequences, nor even a convulsive fit, occur. The danger, then, from the mere strangulation of the tumour in this situation cannot be great; but there is another and a special danger, viz., the risk of wounding the membranes of the brain in passing the ligatures under the base of the tumour. Now, I need scarcely say, that if you use nævus-needles, or sharp pointed instruments of any kind, this accident would be very likely to occur; you could not tell whether or not, in dipping down the needle, you had included a portion of the dura mater; and, if this were to happen, inevitably fatal consequences must ensue. However, this accident may always be avoided by operating as you lately saw me do in the case of a child eight weeks old, with a large purple nævus in the anterior fontanelle. A puncture was made in front of the tumour through the healthy scalp. An eyed probe, armed with a double ligature, was then pushed through this opening across the base of the tumour, and its end made to project on the opposite side beyond it; here another puncture was made, and the probe and ligature together were drawn through. The same procedure was adopted across the tumour sideways. In this way, a quadruple ligature was passed across the tumour in two opposite directions; the ends were then disengaged, and the ligature tightened in the ordinary way. Complete strangulation ensued, and the child was well in a fortnight, without a bad symptom.

Nævi of the Face are of very common occurrence, and usually cause so much disfigurement that their removal by surgical means requires to be undertaken whenever it is practicable. The treatment to be adopted necessarily varies greatly, according to the nature of the nævus, whether cutaneous, subcutaneous, or both, and especially according to its situation; the same plan which may be advantageously adopted in one part, being altogether inapplicable in another. We shall, accordingly, consider the treatment of these vascular growths, as they affect the eyelids, the nose, the cheeks, and the lips.

Nævus of the Eyelids is usually cutaneous, consisting of a discoloration or staining, as it were, of the lid, without any material swelling of it. Such a disease is, I think, better left untouched; it cannot, of course, be removed either by the knife or caustics, without producing worse results; and, as the skin is always deeply involved, milder means are inoperative, or possibly equally destructive. I have heard of sloughing of the eyelid being occasioned by the use of astringent injections in such cases; though, if the nævus were subcutaneous, and constituted a distinct tumour, passing perhaps into the orbit, injection with the perchloride of iron might advantageously be adopted.

Nævus of the Nose may occur in two situations—at the root, or towards the alæ and apex. When seated at the root of the nose, upon the bridge, or at the lower part of the forehead, between and perhaps ex-

tending above the eyebrows, it is often subcutaneous, and may attain a very considerable magnitude. In such cases as these, I have found the quadruple ligature the readiest means of removal; and, although the part included may be of large size, you will find that the resulting cicatrix is wonderfully small and narrow, usually becoming horizontal, so as to fall into the folds of skin naturally existing in that situation. In the case of a little girl about three years of age, brought to me last autumn by my friend, Dr. Gerber, I removed a nævus that was cutaneous as well as subcutaneous, and as large as a walnut, from this situation, by means of the quadruple ligature, with the most satisfactory result, the resulting cicatrix being remarkably small; and you have lately had an opportunity of seeing in a little girl, from the bridge of whose nose I removed, about a year ago, a nævus as large as a marble, how little scarring or deformity results. In both these cases, the nævus was cutaneous as well as subcutaneous. If the skin is not affected, then injection with the perchloride of iron may be advantageously employed in such cases. When the tip and alæ of the nose are affected, the nævus being cutaneous, we can seldom do much to improve the appearance of the patient. In such cases, I have tried breaking down the nævus, the use of injections, and the galvanic cautery, without any material benefit.

Nævi of the Cheeks may occur in three distinct forms—1. As a simple cutaneous nævus, a mere staining of the skin, "a mother's mark." This admits of no treatment, and the subject of it must submit to continue through life to exhibit the characteristic discoloration. 2. The elevated cutaneous nævus, raised above the surface, and of a deep purplish red or plum colour, covered with a very thin integument. In this form of the disease, I think that the application of the concentrated nitric acid is the best means of extirpation. By one or two free applications of the caustic, the nævoid growth is removed, and a dense white cicatrix, presenting little disfigurement, is left in its place. 3. The nævus may involve the whole thickness of the cheek, being scarcely, if at all, cutaneous. Such nævi as these cannot, of course, be extirpated, either by the knife, ligature, or caustics, lest the cheek be perforated, and the most serious disfigurement ensue. In such cases as these, we must endeavour to obliterate the structure of the nævus by exciting inflammation in it by means of setons, or by breaking down the structure of the growth with cataract-needles or a fine tenotome. In a case which I attended some years ago, with my friend, Mr. Bartlett, of Notting Hill, a large and deep-seated nævoid growth, which occupied one cheek, was cured by having a number of fine silk threads passed across it in different directions, and then gradually, piece by piece, being broken down with a cataract-needle, no disfigurement whatever being left.

Nævi of the Lips require different treatment, according as they occupy the margin or have involved the whole substance of these parts. When seated at the margin, as projecting and somewhat pendulous growths, they may very readily be removed by a double or quadruple ligature, according to their size; but when they involve the whole thickness of the lip, such measures as these are not available. If deeply invading the substance of the lip, an operation similar to that for the removal of a cancroid growth might be practised, the whole substance of the lip cut through widely on either side of the disease, and the incisions brought together with hare-lip pins. Such an operation is only practicable when the disease, though deeply seated, does not spread to any very great extent laterally. When it does, the whole of one-half of the lip, for instance, being involved, the use of the knife, especially in young infants, would be too hazardous, on account of the probability of serious hemorrhage; and other means must be had recourse to. I have tried the use of setons, and of injections with the perchloride of iron; but not with any advantage. When the whole substance of the lip is involved, inclusion and strangulation of the morbid mass by means of the ligature is seldom available; the amount of sloughing being very great, and the child, absorbing the putrescent matters from the sloughy mass which results, incurring the danger of being poisoned from this source. In an infant with a very large nævus including one-half of the lip, and which I ligatured at the hospital some years ago, death appeared to result from this cause. One of the most formidable, and in its results the most satisfactory case of nævus of the lip that I have ever had to do with, was sent to me about three years and a half ago, by Dr. Budd, of Barnstaple. The patient, a little girl five

months old, was noticed at birth to have a red streak on the right side of the upper lip; this rapidly developed into a large tumid purple nævus, which, when the case came under my observation, was about the size of a large walnut, involving the whole of the structures of the lip, from the cutaneous to the mucous surfaces; it was of a deep mulberry colour, and extended from the median line of the lip to the angle of the mouth. The integuments covering this growth were exceedingly thin, and the tumour itself in the highest degree vascular and active. What course was to be adopted in eradicating such a tumour as this? Excision appeared to be out of the question, on account of the extent of tissue involved, the early age of the child, and the probability of profuse and possibly fatal hemorrhage. The ligature, from the experience I had had in a similar case, presented little to recommend it. Injections with the perchloride of iron and the introduction of setons were successively tried, but neither of these means produced any effect on the tumour, which commenced to extend upwards into the nostril. I accordingly determined on using caustics. Nitric acid was first employed; but, as this did not produce sufficiently deep impression on the growth, I had recourse to the potassa cum calce. By means of this powerful escharotic, the tumour was gradually removed; the hemorrhage which occasionally resulted being restrained by pressure. Notwithstanding the amount of tissue destroyed, the resulting cicatrix was small, resembling that of a badly united hare-lip. I advised the parents to leave this for some years, and then, if it had not materially improved, proposed to excise it, and bring the opposite sound edges together by a hare-lip operation. A few weeks ago, the child was brought to me again, and I was much struck by the wonderful improvement that had taken place during the three years that had elapsed since the removal of the nævus. The lip is smooth, the cicatrix in a great degree worn out, and comparatively little disfigurement is left in the countenance of an exceedingly pretty and engaging child. Finding, however, that the lip was still drawn or tucked in by a very dense band of cicatricial tissue, which caused a depression of the ala on that side, I divided this, and the result has been of the most satisfactory character.

Nævi on the Organs of Generation are occasionally met with in the female, but rarely in the male. The only instance of *nævus on the penis* that I have met with occurred in the case of a gentleman thirty-two years of age, who consulted me about three years ago for a growth of this kind, as large as a walnut, situated under the reflexion of the preputial mucous membrane. It had existed for many years without giving any annoyance, but, having of late begun to enlarge, and occasionally to bleed, he was desirous to have it removed. This I did by applying the quadruple ligature, after having dissected down the mucous membrane. *Nævi of the vulva and pudendum* are by no means of very unfrequent occurrence. We have had several instances of this kind in the hospital of late years. They are usually of a venous character, often attain a large size, and may sometimes involve the integumental structures on the inside of the thigh, or on the perineum, as well as the vulva. When the growth is confined to the vulva, it is best removed by the ligature. Some time ago, I removed in this way a large venous pendulous nævus, as large as two or three flattened walnuts, from the left labium of a little girl six years of age. In this case, I found it most convenient to employ the continuous ligature. The same means were had recourse to in order to extirpate a large nævus from the labium of a child three years of age; but in this case the disease extended to the integuments of the perineum and inner side of the thigh, and was here removed by the application of strong nitric acid, after the larger growth had separated.

On *the Extremities, Neck, and Trunk*, every possible variety of nævus occurs. When the disease is flat, consisting rather of staining of the skin than of any actual tumour, it may commonly be treated successfully by the application of the strong tincture of iodine; or, should it be thought desirable to remove it, this may be effected by rubbing it with strong nitric acid. If the nævus assume the form of a tumour, it will almost invariably be of a venous character, and then removal by means of the ligature should be effected. If the growth is round, the ordinary quadruple ligature may be employed; if flat or elongated, the longitudinal continuous ligature is preferable.

Nævoid Lipoma. Before concluding, I would draw your attention to a form of nævus that I have occasionally met with,

but which does not appear to have attracted much notice, although I find that M. Nélaton speaks of it; I mean a tumour in which the nævoid structure is conjoined with or deposited in a cellulo-fatty mass—a kind of "nævoid lipoma," in fact. I have seen several cases of this disease, which has invariably been seated upon the nates, back, or thigh. It occurs as a smooth, doughy, indolent tumour, incompressible, not varying in size or shape, without heat, thrill, or pulsation of any kind, possibly having a few veins ramifying over its surface, but no distinct vascular appearance. It is usually congenital, or has been noticed in early childhood; and continues without any very material change in shape, size, or appearance, until the inconvenience or deformity occasioned by it requires its removal. This is best effected by the knife. After removal, the tumour will be found to be composed of a cellulo-adipose basis, having a large number of veins ramifying through it, so as to constitute a distinct vascular element, communicating with small cysts containing a bloody fluid. The situation in which I have seen such tumours occur, where they gave rise to most inconvenience, and where their removal has required the greatest care, has been the anterior part of the thigh, just below Poupart's ligament, close upon and almost in connection with the femoral vessels. In a case of this description, which was sent to me last autumn by my friend, Dr. Edwards, of Antigua, the patient, a gentleman of that island, had suffered from a chronic solid œdema of one of his legs for some years, apparently dependent upon the pressure that was exercised upon the saphena and femoral veins by an elongated indolent tumour just below Poupart's ligament, and over the course of these vessels. This tumour had existed from childhood, and presented the signs that have just been given as characteristic of the disease under consideration. It was removed by an incision parallel to Poupart's ligament, some careful dissection being required to separate it from the femoral sheath, more particularly towards the inner side, where a prolongation of the tumour dipped down by the side of the femoral vein, doubtless compressing that vessel, and so disposing to the occurrence of the œdema of the limb. After removal, the tumour was found to consist of a mass of condensed cellulo-adipose tissue, with much vascular structure intermixed, and some small cysts. The œdema gradually subsided, and when the patient left England, about three months after the operation, the limb had nearly regained its normal size, being but little larger than the sound one.—*British Medical Journal*, Oct. 16, 1858.

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Practical Clinical Remarks on Hysterical Affections of the Joints, delivered at St. Bartholomew's Hospital. By FREDERICK C. SKEY, Surgeon to the Hospital.

GENTLEMEN: I propose to bring under your notice to-day some cases of hysterical affections of the joints.

Mary W—— (Lucas Ward, Bed No. 5), a delicate girl, aged nineteen, admitted Jan. 6th, with an affection of the left knee. When I first saw her, she was lying slightly over on her left side, the affected limb being everted so as to be laid on its outer side, with the knee bent at about 130°. The position was peculiar and well worthy of remark. The disease appeared spontaneously, after an evening's active exertion in dancing, but without the occurrence of any form of external violence. The affected knee was slightly swollen, and the temperature somewhat higher than that of the other. On applying my hand to it, the girl shrank, and expressed much suffering by a loud exclamation. Any attempt to change the position of the limb was resisted with more than ordinary earnestness. The slightest indication of a manipulative examination was attended by a corresponding extension of both her hands in the attitude of fear and resistance. The girl was pale, and her pulse weak; her general appearance presented that of a delicate person occupying a position somewhat above the level of the ordinary inmates of a hospital; catamenia regular. I ordered her a strong opiate liniment to the joint, consisting of two drachms of fluid extract of opium to six drachms of compound soap liniment, to be rubbed in at night, and the joint to be rolled in flannel. She was ordered four ounces of wine, a meat diet, and to take twice daily an ounce of the compound iron mixture, to which was added one drachm of the tincture of valerian.

On the fourth day from that of her admission, the local pain was reduced, and the girl exhibited less apprehension on the limb being examined; but it was yet highly sensitive, and its position unaltered. On the eighth day her condition was a good deal improved; she had lost the extreme

sensibility of the limb, and had a healthier expression. Mr. Batten, my very efficient house-surgeon, had succeeded in placing the limb over a pillow, so as to rest the now extended limb on the heel. In the course of another fortnight, the girl could bear, without complaint, any kind of examination of the knee, which was reduced in size and in temperature to that of the opposite joint. She was now ordered the ammonio-tartrate of iron in beer, and the leg was rolled in flannel.

On visiting the ward on the twenty-first day after this patient's admission, I observed one of the younger patients, a girl of about seventeen years of age, in tears. On inquiring the cause, she made no verbal reply, but looked round instinctively towards the bed of the person whose case I am detailing. A second case then presented itself of recent tears in another girl, for which no adequate cause was assigned. On arriving at Bed No. 5, I found I had reached the focus and exciting cause of all this female flutter and lachrymation; for, on further inquiry, I ascertained the ward had been the scene for several days of repeated exhibitions of infectious hysteria. The disease extended itself to four or five of the younger patients, one of whom was seized with an attack at the very inopportune season of my visit; but the sudden application of a large jug of cold water restored her self-command; while the threat of instant expulsion from the hospital exercised a remarkably tranquillizing influence over the participators in her weakness. The subject of the above case is now nearly convalescent.

Eliza J——, aged twenty-two, was admitted into Treasurer's Ward in April last, with an affection of the knee, which incapacitated her for movement of any kind on the affected limb. The joint was scarcely perceptibly swollen, yet she could not bear the most superficial examination by the hand without an expression of pain quite disproportionate to the apparent amount of disease. The temperature of the joint was slightly, but not much, increased. The only explanation obtainable from the girl's statement referred the injury to a fall six weeks prior to her admission, and three weeks before the first appearance and even the suspicion of disease. During the interval of the first three weeks, she "thought the joint felt occasionally more stiff than usual." This girl had a somewhat florid complexion; she had a weak pulse, and, as almost a matter of course, had cold feet and severe headaches. Both sides of the joint bore marks of previous treatment in the form of pretty active scarifications. It appeared that blood had been taken from the joint by cupping on two occasions, to the extent, as nearly as I could learn, of about twelve ounces; and a blister of some magnitude had been applied on its front surface. From these remedies I could not ascertain that any benefit had been derived to the affected knee, and she thought, on the whole, her attacks of headache had been more frequent and severe. Her bowels were habitually constipated. I ordered her the local application, for three or four consecutive nights, of a liniment composed of two drachms of the fluid extract of opium to an ounce of compound soap liniment, and the joint to be rolled with flannel; twice a day, a draught of ammonia and valerian; full diet, with a pint of porter daily. The local application was continued, with intervals, for eight or nine days, with much relief, and without return of pain. At the expiration of a fortnight, the medicine was changed to eight-grain doses of ferro-citrate of quinine, and she left the hospital in five weeks convalescent.

Elizabeth M——, aged nineteen, was admitted into Lucas Ward, Bed No. 6, in May last, complaining of severe pain in the dorsal region. She was a stout but unhealthy-looking girl. She reports that her pain has existed at irregular intervals for the last year; that it is more severe before her catamenial periods; it occupies the middle of the back, and along the region of the spine, which is so extremely tender that the slightest pressure of the hand causes great suffering. This pain appeared, on examination, confined to the sixth, seventh, and eighth dorsal vertebræ. She could bear forcible pressure on any other of the vertebræ, but not on these. On touching them, she screamed with pain, so extreme was the sensitiveness of this locality; although, as I had fortold, she bore very considerable pressure by the hand, carefully and cunningly applied, the instant her attention was distracted from her complaint to some subject alien from it. I ordered her the strong opiate liniment above mentioned; valerian and ammonia for a week, followed by full doses of the sulphates of iron and quinine; meat diet, with a pint of porter. She left

the hospital in five weeks, quite convalescent.

To the following case I believe I have previously alluded, but it will bear repetition: Anne M——, aged twenty-two, was admitted in Treasurer's Ward (Bed No. 8), in the spring of last year. She has been confined to her bed for twelve months, and was sent up from her parish near Bedford. During twelve months she had been totally deprived of motor power in the left leg, and during ten months in the left arm. The two extremities lay on the bed perfectly motionless and paralytic. Indeed, her case was reported to me as one of hopeless and incurable palsy. There was something strange in the girl's aspect, and in the total absence of motor power extending to the toes. A truly paralytic limb is rarely so dead as these limbs were; we can often obtain some slight manifestation of volition, even though in the slightest motion of one or more of the toes. In this case there was absolutely none detectable by the eye. I suspected it to be a case of hysteria, and ordered her valerian and ammonia in full doses after the first three days; meat diet and porter. In four days movement on volition was perceptible in all the toes and in the hand. In a fortnight she could move her arm and leg slowly in all directions. In one month she walked on crutches about the ward, and in six weeks she left the hospital convalescent.

Remarks.—Let us go back to the first case, that of Mary W——. We see a delicate girl suffering acute pain in the knee-joint, without local mischief adequate to its intensity. On looking to the cause, we find nothing available beyond the exercise of an evening's dancing. So long as the joint remains at rest or unmolested, the pain is tolerable; touch it with the finger, and it becomes intolerable. There is no sign of local disease beyond a slight swelling of the joint; the temperature of the limb and of the region—on which we rely with so much confidence in real disease—is almost unchanged. What is this evil in its true nature? Pain; pain not the concomitant of inflammation, but pain *per se*. If the disease consist in pain, surely it is based on some condition foreign to health, in which the nervous system is involved, and not the vascular. We have abundant examples of what we term hyperæmia without pain, and we have at other times, with equal certainty, pain without increased vascularity. In various forms of neuralgia, such as tic douloureux, we have excessive sensibility of a sensory nerve. It may be lighted up in an instant by a touch of the finger, or a current of cold air, or other similar causes. It subsides as rapidly, leaving the part totally free from pain for days or weeks. Yet the eye can detect nothing abnormal in appearance. Surely this condition refers to the nerves, not to the vessels of the affected part. As we have general affections of the vascular system, as well as local, so we have morbid conditions of the nervous system both general and local. The disease is local in tic, it is general in hysteria. In the cases I have above cited, it is both local and general. The presence of severe pain, whether in the knee or in the back, so long as it does not involve the vascular system—which would be indicated by effusion into the joint, great increase of heat, and moderate, not excessive, pain—is only an evidence of general derangement of the nervous system. In such forms of diseased action, we shall no more obtain relief from suffering by local depletion than we should be warranted in subjecting a young and delicate lady to copious bleeding from the arm because she had sunk to the ground in an hysteric fit. When pain prevails unaccompanied by vascular action—that is, when it stands alone, it is often more severe than when, in alliance with heat and swelling, it gives token of true inflammation. The pain in such examples is peculiarly severe, but only so long as the mind dwells upon it. Distract the mind's attention, by directing the thoughts in another channel, and it is remarkable how almost instantaneously the pain subsides. We have, perhaps, in the history of mankind, no manifestation of the intimate relation between mind and body more remarkable than this: the entire and almost sudden suspension of severe pain through the curative agency of a train of healthy thought.

With respect to the frequency of such diseases, I would go so far as to say: in three-fourths of diseases of the knee-joint occurring in young women from fifteen to twenty-five, you will find, more or less palpably, the traces of hysteria; for even the presence of real disease of the joint is no guarantee or safeguard against the existence of some symptoms really attributable to hysteria.

I have never witnessed a more striking example of this remarkable malady than in the case I have just quoted of factitious paralysis. The girl is reported as suffering from confirmed palsy of the leg and arm. Palsy is attributed by most authorities either to some lesion, or to effusion of fluid on the membranes of the brain or spinal cord. But surely it is not very reasonable to attribute the absorption of such fluid, and the removal of all disease from the nervous centres, to the agents employed in the treatment of this girl. And if so, under what division is her case to be classed but under that of hysteria. Let us, then, in future be watchful lest, in other examples even if possible less palpable than this, we be not betrayed into the adoption of a principle, or the employment of an agent, unsuitable, if not prejudicial, to the recovery of our patient.

If we observe these cases critically, whatever our bias in favour of diseases of the vascular system, we shall detect some outlying symptom, some eccentric feature, that will carry us out of the direct channel of ordinary disease, and shake our faith in the efficacy of leeches, and of other local depletive agents. Local sedatives, applied in the form of the strong solutions of opium, appear to me valuable; and I advise you to employ them freely. As a sedative agent, the common tincture of opium is of little avail. You should resort at once to the extract of opium, which, in the semi-fluid form, is a valuable agent in most varieties of local pain of the neuralgic kind.

One word on the subject of these curious examples of infectious hysteria. To observe these phenomena on a large scale, we must resort to a large room, or the ward of a hospital or infirmary where women are congregated. If these women are young, one or two persons of more than usual sensibility are sufficient to infect the entire ward.

I remember, while a student, having the temporary charge of a ward of Mr. Abernethy, occupied at the time by a number of young women from eighteen to twenty-five years of age. Out of twelve patients, ten were affected at the same time with violent hysteria. The services of every available sister, nurse, and hospital beadle were called into requisition to control their violence and restore order in the ward. The disease spread from bed to bed irregularly till, at one moment, nearly every patient in the ward succumbed to its influence. The violent struggles, and the remarkable muscular power displayed by some of these girls, while under the influence of the attack, required the co-operation of two or three persons to restrain them. To the best of my recollection, this curious scene of riot and disorder prevailed for two hours, and then subsided into calm. In the example I have alluded to as having recently occurred, the disease was only less extensive because the ward was chiefly occupied by women whose more advanced age placed them beyond its influence. It is readily controlled by stern authority. Kindness or gentle remonstrance is fatal. You cannot approach the disease by reason or argument. You must excite some powerful emotion in the patient's mind, to which this morbid condition will readily succumb if you can succeed in rousing it. Fear is the most effective agent; but, in the case of a vain woman, the gentler remedy of ridicule will suffice. If you would bring an attack to a sudden termination, you must operate through the mind, not through the body. These people are remarkably insensible to physical pain, but their ears are open to the powerful agency of ridicule. I remember the case of a young lady, in whose mind a sense of indignation was impressed by certain offensively-cutting remarks that moved her vanity to the utmost. She ceased to sob, the colour rushed to her cheeks, and she burst into a flood of natural tears. The disease had passed away. In all similar examples of hysteria, whether taken singly or congregated in sympathetic groups, kindness is thrown away; at least, it may tell for what it is worth, but it does not lead in the direction of cure. You will do far better if you can produce a shock on the mind, if you excite any powerful mental emotion, and still more efficiently if a painful one.—*Lancet*, March 12, 1859.

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Practical Clinical Remarks on the Surgical Diagnosis of Difficult Deglutition. Delivered at University College Hospital by JOHN ERICHSEN, Esq., Surgeon to the Hospital:—

GENTLEMEN: The case to which I am desirous of directing your attention to-day is one of stricture of the œsophagus. Of this the following are a few of the leading points:—

Mary Ann B——, aged thirty-three, a native of Hertfordshire; for the last ten years a servant in London; unmarried. She has always been well nourished, and we cannot make out, from the history of the case, any constitutional disorder, or any hereditary tendency to cancerous or other tumours. Three years ago (in the latter part of 1855), the patient first experienced a little difficulty in swallowing solids. This after a time subsided, but again recurred, and increased up to the beginning of last December, when she became quite unable to swallow solid food. This difficulty in deglutition has since extended to soft and even to liquid substances; and she has noticed that the thicker the matter to be swallowed, the more difficulty did she experience, the more liquid slipping down with greater ease than others. Not only was there this difficulty in deglutition, but after she had apparently swallowed the food, it showed a tendency to return, and, in fact, did return into the mouth, by a process, I cannot say of rumination, but of simple regurgitation of the food, which had reached the point of constriction, but had not passed through it. This state of things so increased, that when I saw her first, when she was sent to me by my friend, Dr. Henry Bennet, she was utterly unable to swallow even water; she might, perhaps, get a few drops down, but the greater part, at all events, was rejected through the mouth and nostrils.

This case is a very interesting and important one. A woman, in the prime of life, is seized with great difficulty in swallowing in December, and before the beginning of January is brought to such a condition that there seems to be but one result to be looked for—namely, death by starvation—death, in fact, of the most horrible kind, staring her in the face, unless we can succeed in restoring the calibre of the canal, or in bringing the parts into such a condition that the patient may be enabled to nourish herself; for it is impossible that she can go on for any great length of time employing the means which we have been obliged to have recourse to, in order to prevent her from dying by starvation.

Now what is the local state that prevents deglutition in this poor woman? On examining the œsophagus, we found that we could pass nothing larger than a No. 8 gum-elastic catheter through the narrow, constricted portion of that tube. The stricture is close to the commencement of the œsophagus, being opposite to or just below the cricoid cartilage; and its later development, at all events, has been very rapid. On careful examination, there is no sign of tumour to be met with in the neck, except some slight enlargement of the left thyroid lobe; and there is no indication, auscultatory or otherwise, of any intra-thoracic tumour compressing the œsophagus. The fauces also are natural and healthy in appearance. And, lastly, there is no expectoration of blood, pus, or muco-pus; nor does any hemorrhage follow the use of the catheter. Our diagnosis, therefore, is, that this patient is suffering from simple stricture of the œsophagus.

So far as treatment is concerned, we are enabled, by passing a gum-elastic catheter (6 or 8), to inject, twice daily, good strong beef-tea, with eggs, and a certain quantity of port wine, and the patient has evidently much improved in condition since she came into the hospital. She suffers no pain, and no inconvenience beyond the difficulty in swallowing. On careful examination, we can make out no cause for this difficulty, except constriction of the œsophagus. But may not other conditions besides this give rise to difficulty in deglutition, or dysphagia as it is termed? Undoubtedly; and I have brought this case before you chiefly in order that I might have an opportunity of going over the different conditions which may give rise to difficulty in deglutition, the diagnosis of stricture of the œsophagus from the others, and of the various kinds of stricture from each other.

Now, there are at least eight different conditions met with in the neck and chest capable of giving rise to dysphagia by compressing the œsophagus, independently of any stricture of that canal—which are capable, in other words, of simulating stricture of the œsophagus, in so far as that they all give rise to the most prominent symptom of stricture—namely, difficulty in deglutition.

The first condition which I shall bring before you capable of simulating œsophageal stricture is the existence of tumours of various kinds connected with the pharynx. Putting out of consideration tumours of the tonsils, which would always be readily discovered, we may have polypus of the pharynx hanging down and offering obstruction to the passage of food. In all polypoid

growths connected with the pharynx (which, by the way, are exceedingly rare) you will be able to make out the nature, connections, &c., of the growth by drawing the tongue well forward, keeping it fixed with the tongue spatula, and passing the finger well down behind the root of the tongue; you can thus explore the pharynx, even below the root of the epiglottis, without much difficulty. But other conditions may exist; you may have a post-pharangeal abscess between the posterior wall of the pharynx and the spine, possibly arising from caries of the cervical vertebræ, or a post-pharangeal tumour, as, for instance, a carcinomatous tumour, developing from the bodies of the vertebræ, and pushing the pharynx forwards. The eye is often deceived in these cases, failing to detect the existence of an enlargement at the back of the pharynx; but the finger readily recognizes it. In the case of abscess you will feel fluctuation, and the dysphagia will be removed by opening the abscess and letting out the contents, and the solid or semi-solid and soft, or other feel of a tumour in this situation will enable you to give a very probable guess as to its nature. These, then, are the chief conditions connected with the pharynx, capable of giving rise to dysphagia, and which are liable to be mistaken for stricture.

Then, secondly, you may have difficult deglutition induced by some morbid condition of the larynx; as, for instance, œdema about the back of the epiglottis, or chronic œdema, ulceration, and thickening of mucous membrane there, or œdema about the rima glottidis, giving rise to a tendency for liquids to pass into the air-passages, and thus occasioning a serious impediment in swallowing, the difficulty in swallowing being attended with a feeling of spasm and suffocation. By passing the finger down behind the root of the tongue, the state of parts can often be felt; but the combination of dysphagia with a suffocative fit, and these probably associated with laryngeal cough, are the chief points to be attended to in the diagnosis.

A third condition, which may give rise to difficult deglutition, is the existence of tumours in the neck, outside the œsophagus, but compressing it; for example, enlarged glands or a carotid aneurism, developing posteriorly, as has been known to occur with the internal carotid artery, or a tumour connected with the thyroid body, tightly bound down by the sterno-mastoid and fascia, and pressing backwards. All such growths may, by pressing on the œsophagus, give rise to dysphagia, and you will do well in all cases where that symptom is complained of to examine carefully the neck for tumours, which will generally be very readily detected, especially where the difficulty has existed for some time, and the person has become much emaciated from deficient nourishment.

A fourth cause of dysphagia is aneurism of the innominate artery. When this disease has risen into the root of the neck it is easily recognizable, but in certain cases it develops first in a direction backwards, and then one of the earliest symptoms is dysphagia. Indeed, the patient may suffer but little from any other symptom, and may apply to the surgeon for relief from it alone, quite unconscious of the existence of any serious disease. But, on close inquiry, in all such cases you will find that the dysphagia has been preceded by, and is accompanied with, a certain degree of dyspnœa, and usually of laryngeal irritation. This is owing to the recurrent laryngeal nerve, which lies between the artery and the œsophagus, suffering compression before the mucous canal can be influenced by the development of the aneurism. Besides these, there will be other symptoms of compression and of obstructed circulation; as, for instance, œdema of the hand and arm, a small pulse at the right wrist, and pains in the right upper extremity. In such a case, much danger might be incurred by at once putting an instrument into the œsophagus, under the impression that stricture existed; for the point of the catheter, or whatever instrument might be used, might perforate the sac of the aneurism, and so give rise to instant death. Examination by the eye, hand, and stethoscope will generally make out the existence of bulging of the right sterno-clavicular articulation, perhaps also of the upper part of the sternum and first two ribs, dulness in this region, pulsation, and bruit.

Fifthly, aneurism of the aorta, whether of the fusiform or sacculated variety, may give rise to difficulty in deglutition by pressure on the gullet. In this case also there is great danger of the aneurismal sac being pierced by an instrument passed down for the purpose of ascertaining the existence of stricture. Such a thing has happened to a surgeon; and although the affection will of

course terminate fatally of itself, and may very probably burst into the œsophagus, yet for a patient suddenly, while an instrument is being passed, to bring up an enormous quantity of arterial blood, and fall dead in a minute or so, is, to say the least, a very distressing occurrence. In these cases, we shall probably have dyspnœa, from the pressure of the aneurism on the trachea, or bifurcation of the bronchi, dulness on percussion, the ordinary stethoscopic signs of aneurism, and, especially in the sacculated variety, aching pain between the shoulders, radiating down the arms or round the chest, caused by the pressure of the sac against the spine.

Then, as a sixth condition leading to dysphagia, we have various other intra-thoracic tumours, such as enlarged bronchial glands, cancerous and other tumours developing from the thoracic spine into the posterior mediastinum, and so compressing the œsophagus. In such cases the diagnosis is very difficult. It is difficult enough to determine the existence of a tumour, but still more difficult to distinguish it from an aneurism undergoing consolidation; but dulness on percussion, and dyspnœa with dysphagia, together with fixed pain in or to one side of the spine, with neuralgia down the arms or up the side of the head, and a varicose condition of the superficial veins of the chest, are the signs on which we place our chief reliance in diagnosing the existence of a tumour. Indeed, in the diagnosis of aneurism of the aorta and of mediastinal tumour, I look upon the combination of dyspnœa with dysphagia, and fixed, wearing pain between the shoulders, as of the greatest importance.

A seventh cause for difficulty of deglutition is, dislocation of the sternal end of the clavicle backwards, whether merely a simple dislocation, or produced in consequence of excessive curvature of the spine. Of the latter kind there is at least one case on record, which is narrated by Sir Astley Cooper, in which the sternal end of the clavicle by its pressure so obstructed the passage of food, that the patient was brought into a condition of extreme danger. The surgeon under whose care the patient was, very skilfully and creditably sawed through and detached the sternal end of the clavicle, and thus relieved his patient from the imminent danger in which she was placed.

The eighth and last class of cases are those in which deglutition is obstructed in consequence of the impaction of some foreign body in the gullet. Now, of course, if a man swallows such a thing as a piece of mutton bone, or the settings of artificial teeth, it generally lies across the gullet in such a manner as to be easily felt by the surgeon on passing a probang; but there are other cases in which a foreign body becomes lodged in such a way as to escape detection and removal. Some years ago I was requested to see a patient who was said to have swallowed a piece of gutta percha. He had, it appeared, in consequence of having lost several teeth, endeavoured to construct an artificial masticatory apparatus for himself, which had become loose, and he had accidentally swallowed it. A few days afterwards, finding that deglutition continued difficult, he consulted a very-able surgeon, who carefully examined him; but not detecting any foreign body, he considered that the piece of gutta percha had passed into the stomach, and that the œsophagus had been scraped by it in its passage down. Inability to swallow solids came on. I saw him six months afterwards. The question then was whether the foreign body was still impacted in the œsophagus, or whether the symptoms arose from damage inflicted on that tube. I examined the œsophagus most carefully, but failed, as other surgeons had previously done, to discover the existence of any foreign body. I thought, I confess, that the œsophagus had been injured in some way, and that probably epithelioma was developing itself, and would, sooner or later, prove fatal. At all events, the case did end fatally; for one day, while at dinner, the patient suddenly vomited a large quantity of blood, and fell down dead.

On examination after death, we found that the piece of gutta percha had formed for itself a bed in the wall of the œsophagus, lying parallel with the inside of the tube, and that the ulceration of the mucous membrane caused by its presence had opened some œsophageal vessels—which, we could not ascertain (it was not, however, either the carotid artery or jugular vein); thus giving rise to the copious and sudden hemorrhage which had caused the patient's death. The surface of the gutta percha which looked into the œsophagus being constantly covered and smoothed over by mucus, and being protected, as it were, by a rim of swollen mucous membrane all around it,

had allowed the probang to pass easily without its presence being detected.

These, so far as my experience goes, are the eight conditions which are likely to simulate stricture of the œsophagus; and such are the points to be attended to in the diagnosis of these affections from each other. With regard to their diagnosis from stricture, the process is rather a negative than an affirmative one, proving the absence of tumour, aneurism, &c. You come by a process of exclusion to the conclusion that the difficulty in deglutition can arise from no other cause than stricture, and finally ascertain the situation and extent of this by exploration with a gum-elastic catheter or bougie. But, having ascertained the existence of a stricture, there are still three forms of that affection which it is necessary to distinguish from each other, inasmuch as they differ greatly in the mode of treatment, and in the ultimate result. These are—

1st. The hysterical or spasmodic stricture.

2d. The fibrous stricture.

3d. The carcinomatous stricture.

The hysterical or spasmodic stricture is met with chiefly in young females under twenty-five, though it may occur in much older persons of the hysterical temperament. One great point to be attended to is, that the stricture is generally high up, in the pharynx, rather than in the œsophagus, being produced by the contraction of the constrictor muscles of the pharynx. Another point is, that the dysphagia is intermittent—that is to say, when the patient's mind is allowed to dwell long on the affection, and she gets anxious about it, then the difficulty is greatly increased; whilst at other times, when her thoughts are diverted from it, food passes easily. You will find also, in these cases, that on attempting to pass a probang or large bougie, you will at first find its progress resisted, but by patiently and gently pressing down upon the stricture, the instrument will soon pass easily. These points, taken in conjunction with the age and temperament of the individual, will leave no doubt as to the nature of the affection.

But there are two kinds of organic stricture of the œsophagus—namely, the simple and the malignant—between which the diagnosis is often very difficult; because strictures originally fibrous sometimes degenerate into or assume a malignant form; but others continue fibrous from the first, and others, again, carcinomatous. Generally, on passing an instrument, we shall find that in the simple or fibrous stricture it passes smoothly, and gives no sensation of roughness, no feeling of lacerating its way, or as if it were passing over an ulcerated surface; no blood follows its withdrawal, and the patient does not bring up pus, or pus and blood, though there may be copious mucous discharge. There is no material enlargement in the neck, no swelling of the cervical glands, no sign of the cancerous cachexia.

In the malignant or carcinomatous stricture, on the other hand, the instrument seems to pass over a rough and ulcerated surface, its introduction is followed by blood, and the patient coughs up blood, or blood and pus, mixed often with shreds of tissue—conditions all indicating a loss of substance. There is also, generally, an ovoid or elongated swelling at the root of the neck; the neighbouring glands may be affected; there may be cancerous tumours elsewhere, and the symptoms of the cancerous cachexia may be present. Bear in mind, however, that a fibrous stricture may degenerate into a malignant one—into epithelioma, though, perhaps, not into scirrhus or encephaloid.

The treatment of stricture of the œsophagus will depend upon its nature. In the hysterical variety, the occasional introduction of a full-sized œsophagus bougie, the application of belladonna to the neck, and anti-hysterical treatment generally, iron, aloetics, douches, and diverting the patient's mind from her malady, are the means to be employed. In such cases Dr. Garrod, as you may have seen in an instance at present in the hospital, has very advantageously employed large doses of assafœtida.

The treatment of organic stricture is more difficult. In the fibrous stricture, the only chance of benefit lies in dilatation by gradually increasing bougies, and by this means great good may be effected. We may vary the mode of dilatation. Thus we may adopt the plan of M. Trosseau, who coats the end of a catheter with sealing-wax, so as to be just small enough to pass through the stricture, and by increasing the thickness of the coating of sealing-wax from day to day so dilate the stricture. Another plan is that of Dr. Arnott, which consists in dilatation by means of fluid pressure. This method promises very beneficial results, at least

more so than any other (though I have tried it in one or two cases without much benefit), and I intend to employ it in this case. In cancerous stricture, there is little to be done beyond keeping the patient comfortable, and sustaining life as long as possible.

There is only one other point of treatment which I have to mention, and that is the proposition lately made to open the stomach in cases of confirmed stricture of the œsophagus, and feed the patient in that way. But this is one of those extremely heroic measures which are more easily proposed than carried into practice. In ninety-nine cases out of a hundred it would probably at once put the patient out of his misery in a very summary, though a perfectly surgical, manner; and if he recovered the immediate effect of the operation, his life would, probably, be a burden to him; irritation of the stomach would, doubtless, soon be set up, and where the stricture is of a cancerous nature, life would soon be destroyed by the cancer itself.

Should the stricture at last become so tight as no longer to allow the catheter to be passed, and food thus injected into the stomach, the patient must inevitably die of inanition, unless kept alive by nutritive enemata. By these means I have known life prolonged, by a frail tenure it is true, for many weeks. In such cases it is an interesting physiological fact, that although the patients may continue to be moderately well nourished, and do not feel the pangs of hunger, they suffer excessively from thirst.—*Lancet*, March 26, 1859.

SANITARY AND SOCIAL SCIENCE.

Sanitary Improvements.—These are urged forward, at present, in England with the utmost zeal and perseverance. The following petition which is about to be presented to the Parliament of Great Britain, sets forth in such forcible language the strong points of this subject that we are induced to publish it in hopes of stimulating a similar movement in this country:—

"The petition of the undersigned inhabitants of, &c. &c., humbly showeth, That a large amount of preventable sickness, infirmity, and mortality now exists in the several towns and districts of England, even where the rate of mortality is comparatively low.

"That such preventable disease inflicts upon the community an immense pecuniary loss, far exceeding the highest estimate of the cost of proper measures of prevention; that it leads to moral and social degradation, to pauperism, and crime; and to the increase of a stunted, ill-developed, and degenerate population; and that its various causes are at present but imperfectly understood, even by those who have paid the most attention to the subject.

"Your petitioners therefore pray that your Honourable House will be pleased to re-enact the public health act of 1858, with its essential provisions intact, and with such amendments as shall enable Her Majesty's government to make searching inquiry into all cases of excessive local sickness and mortality, and to report whether adequate means of prevention are employed by the constituted local authorities.

"Your petitioners likewise pray that your Honourable House will be pleased to enact such further measures as shall establish a permanent, universal, and effective system of investigation, with periodical reports, by local scientific officers in independent position, respecting the amount, the nature, and the causes of prevalent diseases, with reference especially to the crowding of population, the condition of dwellings, the adulteration of food, &c., the impurity of water, the effects of various kinds of occupation, the execution of preventive measures, and any other matters which affect the health and physical welfare of the poor, who are the chief sufferers from preventable disease, and whose interests are unrepresented in the local boards constituted for parochial or municipal government."

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The Seeds of Consumption.—The terrible mortality caused by bronchitis, pneumonia, and consumption, which together kill—in England and Wales only—a hundred thousand people every year (being one-fourth of the entire mortality from more than a hundred other causes in addition to themselves), should make us think a little seriously of many things, and not least seriously of the freaks of fashion which set climate at defiance. Why do we send children abroad in damp and cold weather with their legs bare, submitted, tender as their bodies are, to risks that even strong adults could not brave with impunity? Custom has made this matter appear familiar and trifling, but it is

not out of place to say, at the beginning of another winter, that the denial to young children of proper skirts to their clothes and warm coverings to their legs has sown the seeds of consumption in thousands and thousands, and is, of many dangerous things done in obedience to laws of fashion, the one that is most thoughtless and most cruel. It is in the child that consumption can most readily be planted—in the child, that when the tendency exists, it can be conquered, if at all. It is to be fought against by protecting the body with sufficient clothing against chill and damp, by securing it plenty of wholesome sleep — not suffocative sleep among feathers and curtains—plenty of free ablution without prejudices on behalf of water, icy cold, plenty of cheerful exercise short of fatigue, plenty of meat, and bread, and wholesome pudding. Those, indeed, are the things wanted by all children. Many a child pines in health upon a diet stinted with the best intentions. But the truth is, that it is not possible to over-feed a child with simple wholesome eatables. It can be stimulated to excess in the demolishing of sickly dainties; and, with a stomach once fairly depraved, may be made incompetent to say when it has had too little or too much. But a child fed only upon wholesome things knows better than any mamma can tell when it wants more; it can eat a great deal; has not only to maintain life, but to add height and breadth to stature. Fortify it, then, against variations of climate, by meeting freely the demands of its body; give it full animal vigour to resist unwholesome impressions. Especially let the good housewife, who has a young family to feed, learn to be utterly reckless as to the extent of her milk-score. Somebody has declared a pint of milk to contain as much nourishment as half a pound of meat. Be that as it may, it is the right food for little ones to thrive upon, and may save much subsequent expenditure for cod-liver oil. — *Dickens' Household Words.*

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Adulteration of Food Bill.—M. SCHOLEFIELD has renewed, in the House of Commons of England, his useful bill "for preventing the adulteration of articles of food or drink." It imposes a penalty of so many pounds (not yet fixed) on every person vending or exposing for sale any article of food or drink with which, to the knowledge of such person, any noxious ingredient has been mixed. More than this, the offender will be, so to speak, pilloried, to the utter ruin of his reputation, by the publication of his name, residence, and offence (at his own expense), in the newspapers or otherwise, at the discretion of the magistrates. Vestries and district boards and town councils are authorized to appoint analysts, such as Dr. Hassall—that is to say, men possessing competent medical, chemical, and microscopical knowledge. Purchasers of provisions may have their purchases (of food and drink) analyzed by these officials on payment of a fee 2*s.* 6*d.* to 10*s.* 6*d.*, and the certificate of the analyst will be made evidence against the fraudulent vendor. The Privy Council is empowered to cause analyses to be made, and to regulate the use of materials or ingredients distinct from the natural composition of any article of food or drink with which it may be mixed. Thus chiccory, used to adulterate coffee; *cocculus indicus* and treacle, used by brewers to adulterate porter; red lead, used to make "cayenne pepper;" vitriol, used to counterfeit acetic acid, or vinegar; and logwood, used in the manufacture of "port wine," would naturally come within this category. The act is not to extend to either of the sister kingdoms.—*Med. Times and Gaz.*, March 5, 1859.

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Infant Hygiene.—A society which has been organized under the title of the "Ladies' National Association for the Diffusion of Sanitary Knowledge," is issuing tracts on matters relating to health, written in a simple style, and published at a cheap rate, so as to be easily procured and understood by all classes. Among them we meet with four relating specially to the management of infants; bearing the titles, respectively, of—*How to Manage a Baby; How to Feed a Baby with the Bottle; The Evils of Wet Nursing—a Warning to Mothers;* and, *The Evils of Perambulators—a Word to Mothers.* The precepts laid down in these are in close accordance with the dictates of nature; and, if they are followed, it may be confidently expected that much both of the disease and of the mortality among children, which now is a disgrace to our civilization, will be prevented. From the tract, *How to Manage a Baby*, we take as a specimen the remarks on walking.

"People talk about 'teaching babies to walk;' but babies do not need teaching, for

they will be sure to get up and walk, when their legs are strong enough, and it does them harm to do so before; in this, as in very many other things, babies would be all the better for being left to themselves. But this does not suit some mothers who are in a hurry to see their children walk; such mothers cannot rest content without putting their children into leading strings, or go-carts, or leading them with the hand. All that they generally get for their pains is the sight of their children's bandy legs and crooked ankles, caused by being forced to walk before their time. Who would be a baby?

"But, though baby should not be hurried in walking, it should be allowed to keep moving all day long, while it is awake, for the limbs cannot get strong unless they are used. The best plan is, to put a piece of soft matting and a piece of carpet on the floor, and put baby down upon them to stretch, roll, and tumble about like all other young creatures. If it has a ball or a rag-doll to crawl about after, it will be 'as happy as the days are long,' and will, besides, be very little trouble, and be making its limbs strong, ready to walk by and by. It is a great pity to accustom a baby to be nursed, for it only does it harm, and gives the mother a world of trouble into the bargain. . . . In the summer, it is a good plan to spread the matting and carpet on the grass in the garden, and put baby down on them, to use its limbs in the pure air and light. In short, wherever it is, and whatever it does, it should keep moving all the time. The birds, the beasts, the fish, and the creeping things are scarcely ever still five minutes together in the day time. Moving brings life and health to all things, babies among the rest."

The tract from which we have made this extract, contains, also, advice arranged under the heads of Washing, Dress, Food, Cutting the Teeth, Sleep, Going Out-doors, Talking, Vaccination, and Physic. Under the latter head, mothers are sensibly advised "to learn to keep themselves and their children well, and leave the curing illness to those who understand it."—*Sanitary Review*, January, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Convention for Revising the Pharmacopœia of the United States.—The Medical Convention for revising the Pharmacopœia, which met at Washington in May, 1850, provided for assembling a convention for the same purpose, in the year 1860, by the following resolutions:—

"1. The President of this Convention shall, on the first day of May, 1859, issue a notice requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy, throughout the United States, to elect a number of delegates, not exceeding three, to attend a general convention, to be held at Washington on the first Wednesday in May, 1860.

"2. The several incorporated bodies thus addressed shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labours, through their delegates, or through any other channel, to the next Convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals, in the month of March, 1860."

In accordance with the above resolutions, the undersigned hereby requests the several bodies mentioned to appoint delegates, not exceeding three in number, to represent them in a convention for revising the Pharmacopœia of the United States, to meet at Washington on the first Wednesday in May, 1860; and would also call the attention of these bodies to the second and third resolutions, and request compliance with the suggestions therein contained.

GEO. B. WOOD,
President of the Convention of 1850.

PHILADELPHIA, *May* 1, 1859.

N. B.—Medical and pharmaceutical journals will please copy the above notice.

The Northern Dispensary of Philadelphia for the Relief of the Poor.—We have received the 41st annual report of this very useful institution, from which we learn that during the year ending December 1, 1858, there were under care 9,139 patients, viz:—

Remaining under care from last year	99
Admitted since	9,040
	9,139
Of whom were attended at the Hall of the Institution	7,593
Whole number cured, relieved, and unknown	8,770
Whole number died . . .	77
" irregular . .	177
" remaining . .	115

Lying-in Department.—During the year, 62 lying-in patients were recommended to the care of the Dispensary—of whom 46 were attended, 5 remaining, and 11 not attended.

Result of 46 cases; all the mothers recovered. Of the children (one case of female twins), 26 were males, 18 females, and 3 sex not reported; stillborn, 4; living, 43.

—

Rush Medical College.—Drs. H. A. Johnson, Professor of Physiology and Pathology; N. S. Davis, Professor of Principles and Practice of Medicine and Clinical Medicine; and W. H. Byford, Professor of Obstetrics and Diseases of Women and Children, in this school, have resigned their respective chairs.

—

New Medical College at Chicago.—A new medical faculty is now in the course of being organized, under the charter of Lind University. The chairs, it is stated, will be filled as follows: Practice of Medicine, by Prof. N. S. Davis; Physiology, Prof. H. A. Johnson; Surgery, Prof. E. Andrews; Surgical Anatomy, Prof. Isham; Obstetrics, Prof. W. H. Byford; Chemistry, Prof. Mahla; Descriptive Anatomy, Prof. Hollister. The chairs of Pathology, Materia Medica, and Practical Anatomy, yet remain to be filled.

The plan of this college, as proposed, differs from that of other colleges in this country. In the first place, the students are to be divided into Junior and Senior classes. The Junior class will listen to lectures upon the elementary branches only; such as Anatomy, Physiology, etc. They will have only four lectures each day, and be subjected to daily examinations on the previous day's topics; in these respects adopting the excellent practice of the University of Michigan. At the close of the session, the Juniors will be examined upon their Junior studies, and, if found worthy, passed to Senior grade.

At the same time that the Juniors are listening to lectures upon the elementary department, the Seniors will be attending lectures upon the practical branches; such as practice, surgery, obstetrics, etc., the number of professors being so increased above the usual number as to enable them to carry on both classes simultaneously.

The following scheme represents the curriculum of study:—

Junior Lectures.

Descriptive Anatomy.
Physiology.
Pathology and Public Hygiene.
Materia Medica and Therapeutics.
Inorganic Chemistry.
Practical Anatomy.

Senior Lectures.

Theory and Practice, and Clinical Medicine.
Surgery and Surgery Clinic.
Obstetrics.
Surgical Anatomy and Operation of Surgery (shown on dead subjects).

—*Peninsular and Independent Medical Journal*, April, 1859.

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Chicago Medical Journal.—Drs. N. S. Davis and W. H. Byford have retired from the editorship of this journal, which has been assumed by Dr. Daniel Brainard.

FOREIGN INTELLIGENCE.

Alarming Effects Produced by Inhalation of Chloroform — Tracheotomy — Recovery. By Prof. Langenbeck.—A man, aged 58, of meagre aspect, but who had enjoyed good health, was admitted into the Berlin Clinic in order to undergo the extirpation of a tumour deeply seated in the upper part of the cervical region. On January 17, he was laid on the operation-table and carefully chloroformed. Two drachms of chloroform had not been employed when the patient became restless, his face being of a dark red, and his respiration laboured. The face was sprinkled with cold water, ammo-

nia was applied, and the respiratory movements maintained by pressing the diaphragm upwards. There was a regular and well-developed pulse; but the respiratory movements becoming more and more feeble, entirely ceased after a few minutes. The lower jaw was pressed down with some difficulty, and a large silver catheter introduced, the point of which was felt by the finger to have passed an inch within the larynx. On insufflating through this catheter, very slight distension of the thorax was produced, the air for the most part returning by the side of the catheter with a gurgling noise. During this experiment the pulse became first feeble and irregular, and then ceased some two minutes later than the respiratory movements. The countenance assumed a completely cadaverous appearance; the lower jaw sank, and the hitherto strongly contracted pupils of the widely-opened eyes became somewhat dilated. While all the bystanders were convinced that a dead body lay there, the author at once made an incision through three rings of the upper part of the trachea with a common scalpel, and kept the edges of the wound wide open by means of hooks. So completely was the circulation arrested, that not a drop of blood flowed during this rapidly executed operation. A large elastic catheter was introduced down to near the bifurcation of the trachea, and while the edges of the wound were brought close around it artificial respiration was kept up through this. When inspiration and expiration had thus been imitated from six to eight times, the pulse returned, at first weakly, irregularly, and disappearing for a time; but after a while, under a continuance of the artificial respiration, becoming stronger and more regular. Some blood now flowed from the wound and entered the trachea, but neither it nor the catheter excited any irritation therein. While the edges of the wound were kept asunder by Burow's spring forceps, the various means of restoration, as friction, sprinkling with water, etc., were uninterruptedly continued, the rekindled life threatening every instant to expire. The countenance retained its doubtful aspect, and one of the pupils of the widely-opened eyes was considerably more dilated than the other. Pinching the skin of the thorax excited reflex contractions of the upper extremities, but produced no movement of the countenance. Galvanism, too, applied by means of a rotatory apparatus to the chest and neck, only excited similar movements of the upper extremities. After these restorative procedures had been continued for nearly an hour and a half, the first paroxysm of coughing occurred, expelling bloody mucus from the wound. The patient having now been brought back to his ward, violent contractions of the extremities and muscles of the face, sometimes clonic, sometimes tetanic, together with gnashing of the teeth, made their appearance. The pulse, however, was regular and about 90, and respiration was performed freely through the wound, interrupted occasionally by cough and expulsion of blood and mucus. Whenever the forceps were removed from the wound, however, it became very laboured. Consciousness was still absent, the eyes remaining open and fixed, and the left pupil still the most dilated. There were no signs of paralysis of the motor apparatus indicative of cerebral effusion; and after the cessation of the spasmodic movements, the incessant, though unconscious, efforts made by the patient to leave the bed, compelled the application of a waistcoat. Under the conviction that the chloroform poisoning had here induced cerebral irritation, cold was applied to the head, and a large sinapism to the epigastrium, strong coffee being injected into the stomach, and a musk glyster administered. Quietude for some time ensued, and when the restlessness returned four grains of musk and two of opium were again given as an enema. A good night's rest followed, and the patient awoke perfectly well, no traces of the influence of the chloroform remaining. The respiration was now quite free when the wound was closed, and the pulse, between 85 and 90, was regular and strong.—*Med. Times and Gaz.*, March 12, 1859, from *Deutsche Klinik*, 1859, No. 4.

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Punch on Homœopathy.—Mr. Punch is accustomed to receive letters and treatises, imploring him not to call homœopathy fudge, and some of them attempting to assign reasons why he should not. In all these communications, the medical opponents of homœopathy are called "allopathists." "Allopathist," as contradistinguished from "homœopathist," of course means a person who treats diseases with other medicines than those which produce similar diseases, that is, who endeavours to cure unlike with unlike, instead of endeavouring to cure like

with like. Who are the allopathists? Mr. Punch has an extensive medical acquaintance, but he does not know any. No intelligent medical practitioner attempts to cure diseases in general with specific medicines of any kind. There are very few such medicines known to the medical profession. The principle on which diseases, for the most part, are treated by rational and scientific physicians and surgeons is that of removing impediments to the natural process of recovery, or that of assisting the curative efforts of nature, not necessarily, and not always, by causing people to swallow drugs. When drugs are given by such practitioners, they are generally given with a view to their indirect influence on disorders. For instance, the combination popularly known as the "black and blue reviver," which directly affects internal parts of the trunk, may be "exhibited" for the relief of a headache, or for the removal of an inflammation of the great toe.

Professor Holloway is perhaps an allopathist; however, he does not tell us on what principle his pills and ointment cure all diseases. The various doctors who advertise their patent medicines in the quacks' corners of newspapers of the baser sort, may be allopathists also; and likewise the medical profession possibly contains a few fools or impostors who are so describable. But the few specifics used in the ordinary practice of physic may absolutely even act on the homœopathic principle, that "like cures like;" thus differing from homœopathic doses only in not being infinitesimal, and, Mr. Punch supposes, in being efficacious.

In none of the communications about homœopathy received by Mr. Punch is there anything like scientific proof that infinitesimal globules produce any other than infinitesimal effects. Cases of alleged cures, subsequent to the swallowing of these globules, prove nothing, until they amount to enormous numbers. Professor Holloway, and Messrs. Du Barry & Co., adduce plenty of such proofs; perhaps not fictitious. Mere swallowing and cure can be connected as cause and effect only by immense clouds of cases in which the cure is almost the invariable sequence of the swallowing. It does not signify whether the thing swallowed is a great bolus or a pill of the size of a pin's head, containing an invisible dose.

Quinine is acknowledged, on the strength of a vast accumulation of evidence, as a remedy for ague. It cures ague in one grain, two grain, three grain doses. Will quinine, or anything else, in infinitesimal doses, cure ague as obviously in an equal number out of a vast multitude of cases? Will an infinitesimal quantity of sulphur exert any curative influence on that cutaneous affection which delicacy expresses by the euphuism of the Caledonian violin?

Mr. Punch's homœopathic friends seem to forget that statements of facts which are contradictory to common sense and received science, require rigid proof. None of them propose any method by which the active properties of an infinitesimal globule can be demonstrated. Neither homœopathists, nor mesmerists, nor spiritualists, either offer or accept the test of any *experimentum crucis*; and when Mr. Punch asks for it, they answer by abuse, and the comparison of themselves to Galileo, and those who laugh at them to the inquisition.

—

Quackery in Paris—The Black Doctor.—The Paris correspondent of the *Medical Times and Gazette*, under date of March 7, writes:—

"In medical circles, and indeed among all classes of the French metropolis, Dr. Vriès, better known under the name of the 'Docteur Noir,' forms the almost universal topic of the day. Is this Dr. Vriès a charlatan, and his system consequently an immense hoax; or is he really a scientific man, and the discoverer of a remedy for a disease, which up to the present time has continued an opprobrium to the healing art? are questions which in a few short months will be finally and decisively answered. The opportunities which have been publicly accorded to him of establishing his claim to be considered perhaps one of the greatest benefactors of the human race, are, through the instrumentality of M. Velpeau, such as no charlatan (if such indeed he be) ever before enjoyed; and should the experiments he is at present engaged in prove successful, M. Velpeau will be equally entitled to the gratitude of the world, for having laid aside for a time his preconceived notions, in order that a great and important fact might have an opportunity of being publicly proclaimed. Nor will the utter failure of M. Vriès diminish our sense of gratitude to M. Velpeau; because by the frankness and generosity of the latter a notorious system of imposture and humbug will be most effectually demo-

lished, and its author will consequently be condemned for the future to speculate only on the credulity of the ignorant. I have all along believed that M. Velpeau was actuated by no other motive than the love of truth, when he invited the 'black Doctor' to a clinical competition in the treatment of cancer; and if I am correct, he is entitled to the utmost praise. But not a few of his professional brethren, without calling in question his motives, consider that his conduct has, to say the least of it, been rash and inconsiderate; and that his acknowledgment of Vriès, by inviting him to his wards, was an honour to which the position and precedents of the latter did not entitle him; and further, that it was giving him a footing in the estimation of the world, which he might turn to his own advantage, to the detriment of the honest practitioner, and, what is worse, to the mortal disappointment of many an unfortunate sufferer.

"These very evils, which certainly M. Velpeau did not foresee, are now beginning to develop themselves. Scarcely had the noise of the *pretended* cure of M. Sax (for cure M. Velpeau does not yet consider it) ceased to ring in the ears, when forth comes another statement (by whom made or in what quarter it originated it is not difficult to divine) to the effect that the 'Administration des Hôpitaux' (*and not M. Velpeau on his individual responsibility*) had actually invited M. Vriès to undertake, in the wards of 'La Charité,' the treatment of certain diseases deemed incurable by the ordinary surgeons of that institution. Not content with this glaring perversion of the truth, M. Vriès, or some one interested in him, has caused to be inserted in some of the public journals certain paragraphs, wherein we are informed that his success in the hospital is beyond a doubt, sundry of the cases under his care showing not only marked symptoms of amendment, but inspiring the most sanguine hopes of complete recovery. M. Velpeau, who has all along been carefully watching the progress of these cases, and who has not been able up to the present moment to discover the slightest improvement in any one of them, was naturally much irritated by these falsehoods, and on last Thursday morning he attacked M. Vriès in no measured terms, while the latter was engaged at the bedside of one of his patients, and a scene ensued such as I never before witnessed in the wards of a hospital. Really it was painful and undignified, and yet, at times, it bordered on the ridiculous. Velpeau accused Vriès of wilfully perverting the truth, both in verbal declarations, and in newspaper paragraphs; of bribing the patients to conceal their real feelings in replying to the questions of medical men who visited them, and of having recourse to many other base subterfuges, with a view to the concealment of the truth, and the establishment of his own popularity. 'You were invited here, sir,' said M. Velpeau, 'in order that your system might be fairly tested; and on your accepting the invitation it was expected that you would act with a certain amount of honesty and good faith. This you have not done, and it remains for me now to assure you that I will not be your dupe. You, with great assurance, told me that you would cure all the cases which were then put under your care; but you have not succeeded in producing the slightest amelioration in any one of them; and what is more, I feel justified, from what I have observed, in adding that you will not cure one of them.' M. Vriès retorted by denying the charges made by M. Velpeau, and declared that the latter, through his 'internes' and nurses, had thrown every possible obstacle in his way; and that, should the same unjust treatment be persevered in, he would leave the hospital, and transfer all the cancer patients to a 'Maison de Santé,' where he would maintain, treat, and cure them entirely at his own expense. We should be sorry indeed were M. Vriès to carry his threat into execution, as, by his so doing, the very end M. Velpeau has in view would be most certainly defeated. In a large public institution like the Hôpital 'La Charité,' with the eyes of scientific men constantly on him, M. Vriès must, and assuredly will, soon be judged according to his merits or demerits—there certainly, the truth will be made manifest. But if M. Vriès has recently had his troubles in 'La Charité,' he has not been altogether free from annoyance at his own home. Denounced by some *kind friend*, his domicile was rudely invaded the other day by a Commissaire de Police and his satellites, who '*de par la loi sans cérémonie*,' laid an embargo on his goods and chattels, his nostrums and his stuffs, accusing him at the same time of an illicit exercise of a sacred profession over which the State had thrown its mantle of protection against charlatans,

impostors, and, indeed, all men not duly authorized by the licensing powers of France. The poor doctor, whose assurance and self-importance are quite in keeping with the mission which he believes he was sent into the world to fulfil, waxed exceeding wrath, and, bounding like an angry tiger from one end of the room to the other, threatened to annihilate the presumptuous official and his gang. He declared that he was no charlatan; and throwing open the folding doors which communicated with the antechamber where his patients happened to be assembled, he exclaimed: 'There, gentlemen, are the living monuments of my science, and there the evidence of the healing virtue of my medicine.' In this motley crowd of patients, comprising individuals of all classes of society, and representing almost every variety of incurable disease, there chanced to be one whose good fortune it was to enjoy imperial favour, and whose face was not unknown to the police agent charged with the razzia. This party, overflowing with gratitude for the relief, real or imaginary, which he had experienced at the hand of Dr. Vriès, generously took upon himself the office of mediator, and finally succeeded in obtaining from the Chief of the State permission for him to continue the practice of his art for twelve months, together with a promise of a continuance of the privilege in the event of the experiments he is at present engaged in having a successful issue. * * *

"His house is crowded with patients from morning to night, and his receipts are said to be enormous. Whether from a conviction that the gratitude of a patient is greater under a promise of certain cure than after the cure has been effected, we do not pretend to say; but acting, we presume, in the belief of the former, he insists on being paid before commencing the treatment."—*Med. Times and Gaz.*, March 12, 1859.

From a later journal we learn that M. Velpeau has made the *amende* for the false step he took in admitting into his wards a negro adventurer. In giving to the French Academy of Medicine an account of the failures of this charlatan, M. Velpeau said—

"If I had known that trials such as these of mine had been made with a negative result, by the same individual, at the Cancer Hospital in London; that he had done the same in the practice of M. Bazin at the Hospital St. Louis; if I had known of the mystic lucubrations of M. Vriès in the famous temple of the Champs Elysées—I certainly should not have taken the trouble to examine pretensions of such a stamp; but, ignorant of these details, and partly trusting to the good faith of these persons, I had the weakness to listen to them, and to open to them the doors of an honourable institution."

Sixteen patients were placed under the care of this empiric. One died at the end of ten days; in all the others the cancerous tumours have continued to increase in size and to multiply in number; and at the end of two months the patients are in as sad a state as though no treatment whatever had been adopted.

—

Antidote for Phosphorus.—Poisoning by phosphorus is becoming common from the facility of procuring lucifer matches. It is, therefore, important that the antidote which has of late been found the most efficacious should be extensively known.

Messrs. Antonielli and Borsarelli have shown, by numerous experiments on animals—

1st. That fatty matters should not be employed in poisoning with phosphorus, as these matters, far from preventing its action on the viscera, on the contrary, increase its energy, and facilitate its diffusion through the economy.

2d. That calcined magnesia, suspended in boiled water, and administered largely, is the best antidote; and, at the same time, the most appropriate purgative to facilitate the elimination of the toxic agent.

3d. That acetate of potash is extremely useful when there is dysuria in poisoning with phosphorus.

4th. That the mucilaginous drinks which are given to the patient should always be prepared with *boiled* water, so that those beverages may contain as little air as possible.

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Electricity as an Anæsthetic.—At a meeting of the College of Dentists of England held to discuss the question of electricity as an anæsthetic agent in dental operations, the meeting was crowded to excess with members of the medical and dental professions, and other scientific men, all of whom took a deep interest in the proceedings. Mr. Peter Matthews, President of the College, occupied the chair. The president opened

the debate with an address on the various anæsthetic agents used in surgery, and ultimately came to the question: Is electricity an anæsthetic or is it not? He (the president), after a long and careful experience, had no alternative left but to answer that question in the negative. He then related with great precision the details of various cases of extraction of teeth, in which he had employed galvanism, but explained that although the result was, in some instances, modified from ordinary tooth-drawing, he could not admit that in any instance had the pain of extraction been abolished. In certain peculiar cases indeed (cases where the elastic tissue which connects the tooth with its socket, the tooth periosteum, is inflamed and painful), the application of galvanism in extraction adds to the pain of the operation. Mr. Matthews then described the different modes of applying the electric current, and concluded by expressing his opinion, that in our present state of knowledge, electricity could not be considered as an anæsthetic agent. Dr. Purland, Mr. Weiss, Mr. Lobb, and Mr. Perkins, joined in the discussion, the tenor of their experience being consonant with that of the president. It was clearly the general feeling that galvanism in tooth extraction acts only by producing a diversion of pain, not by causing insensibiliiy.—*Med. Times and Gaz.*, Oct. 16, 1858.

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Spontaneous Post-Mortem Accouchement.—In the *Vierteljahrschrift* is given a case of this kind. The mother, a strong healthy peasant, had been forty hours in labour when M. Frentrop was called to her. The midwife had in vain attempted turning. The doctor also attempted it, and failed on account of the violent contractions of the uterus. The woman eventually died twenty-four hours later undelivered. The woman was then laid out; and when they came to bury her twelve hours afterwards, a child was found forced out of the womb, and lying between the thighs of the mother; the placenta was unattached. The physiological fact, though not new, is interesting; but the practice of the doctor must have been very disgracefully defective.—*Ibid.*, Feb. 12, 1859.

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Simulated Diseases among Prisoners.—Some simulate so pertinaciously that they succeed in tiring out the authorities of the prison. There is now one very remarkable case of this kind, that of a man sentenced to eighteen months' hard labour, who from the time he came into the prison has pretended to have lost the use of his limbs, and who, in consequence, lies alone in his cell night and day. The surgeon advised the visiting justices that he had no doubt of the prisoner being in perfect health, and on examination they were of the same opinion. They were, however, unwilling to sentence him to corporal punishment until he had been examined by another surgeon, and Mr. George Fergusson was called in, and he reported that he could see no symptom of any ailment about him, and that he simulated very badly. He was thereupon ordered to be flogged, but that had no effect, and he continues in the same condition night and day, lying either on the floor or upon an iron bedstead. He has thus fairly beaten the authorities, who are unwilling to repeat the corporal punishment, although perfectly satisfied that he is imposing upon them; at all events, his prospects for the next eighteen months are not very cheering, and it would seem that he is rather making his sentence more disagreeable than it need be. He is clearly a foreigner, from his accent, though he persists that he comes from Aberdeen.—*Ibid.*, Feb. 5, 1859.

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The Remains of Hunter.—The Dean and Chapter of Westminster Abbey gave permission to the council of the Royal College of Surgeons of England to re-inter the remains of John Hunter in the Abbey, remarking "they shall be proud to be the guardians of the ashes of so great a man." The re-interment accordingly took place on the 28th of March. A list of subscribers for a statue to Hunter has been opened at the college. Mr. South, Vice-President, has consented to act as honorary secretary.

—

Surgeon Oculist in Ordinary to Her Majesty the Queen.—This appointment, rendered vacant by the death of Henry Alexander, Esq., has been conferred on W. White Cooper, Esq.

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Obituary Record.—Died, on the 10th of March, 1859, at Craiglockhart House, near Edinburgh, in his 86th year, Alexander Monro, M. D., Emeritus Professor of Anatomy in the University of Edinburgh. The deceased was the third of his family who, in direct succession, filled the anatomical chair in the University of Edinburgh.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Gastrotomy for Stricture of the Œsophagus.—Mr. COOPER FORSTER's second case of gastrotomy on account of stricture of the œsophagus has, we regret to say, ended as did its predecessor. At the time we first mentioned it [see preceding No. of this journal, p. 70] the boy was doing as well as could be expected, and had experienced much relief from the measure adopted. On the fourth day after the operation, symptoms of peritonitis with collapse rather suddenly set in, and death soon followed. At the autopsy it was found that the adhesions of the stomach were opened to the edges of the wound, had partially given way, and that some of the contents of the viscus had escaped into the peritoneum. There were evidences of commencing peritonitis. The mucous membrane of the stomach was superficially ulcerated in several places. The condition in which the œsophagus was found, furnished a most ample justification of the operative interference. The part affected was that in apposition with the trachea at its bifurcation, and it was so narrowed that a probe could scarcely be passed through the diseased tract. It will be remembered that the disease had been caused by accidentally swallowing a caustic solution.

Despite the unfavourable termination of the first two English cases, we are convinced that no sound reasoning can be maintained against the operation for the establishment of a gastro-cutaneous fistula in cases of irremediable obstruction of the œsophagus. In both of the instances before us it was done *in extremis*, and although one patient lived but two and the other four days, yet it is probable that it did not shorten life in either instance. On the other hand, in both it undoubtedly mitigated the horrors of death from starvation. We may assert, then, that

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even in these it was a benefit rather than otherwise, for anæsthetics fortunately allow us to leave out of the account the pain, etc., of the operation itself. In the last case the disease was not malignant, and had the fistula once been established and the adhesions become consolidated, there appeared no reason why life should not have been indefinitely prolonged. The boy's exhausted condition at the time of its performance was probably the reason why the process of union between the stomach, and the abdominal wall was so imperfectly accomplished; and the lesson to be learnt from the cases seems to be that the operation to be successful ought to be resorted to before the patient has been allowed to sink so low.—*Med. Times and Gaz.*, April 16, 1859.

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Epithelial Cancer in the Cicatrix of a Burn at an Unusually Early Age.—When cancer occurs in young persons it is almost always either melanotic or medullary. Scirrhus is well known to be very rare under the age of 30, and the epithelial form, whether affecting the lip, the tongue, or some part of the general surface, is not less so. Soot cancer is the only exception to this remark, and it becomes such chiefly in the children of sweeps inheriting a predisposition to the disease, and also themselves exposed to its peculiar exciting cause. Examples of epithelial cancer developed in the cicatrices of burns, have come under our notice not unfrequently in the different hospitals, but they have always hitherto occurred in patients beyond middle age. A few weeks ago a young woman was admitted, under Mr. Flower's care, into the Middlesex Hospital, who furnished an exception to the rule above alluded to, her age being only 27. The case was also of interest in several other respects. She was a pallid cachectic woman. The original burn had occurred at the age of nine years, and had left very extensive cicatrices on the arm, shoulder, etc. According to her account, the cancerous affection had commenced only four months ago, the densest parts of the cicatrix on the inner side of the arm being those first involved. Its progress had been very rapid, and a large cluster of axillary glands had become affected, and now formed a tumour, over the most prominent part of which the skin was just beginning to ulcerate. As the cancer of the cicatrix advanced closely upon the axilla, there was no option but to remove the whole arm. Amputation at the shoulder-joint was accordingly performed, the enlarged glands being subsequently dissected out.

The rapid progress of the disease in this instance is quite in keeping with the early age of the patient, and contrasts strongly with the usual course of epithelial cancer in elderly persons.—*Ibid.*

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Retention of Urine treated by Morphia and Carbonate of Soda.—A patient, suffering from retention of urine, was recently admitted into the Royal Free Hospital, under Mr. Weeden Cooke's care; and, as often happens in such cases, it was impossible to pass a catheter. Full doses of morphia, with an alkaline carbonate, frequently repeated, had the effect of relieving the overdistended bladder, as related in the following brief notes of the case, furnished by Mr. Nathaniel F. Hall, house-surgeon to the hospital:—

Charles L——, aged twenty-five, a watchmaker, was admitted on the 20th of March, with retention of urine. He was in great pain, the bladder being very much distended. He had been drinking rum and a small quantity of beer the previous night. He has had more or less difficulty in passing urine the past twelve months. An attempt was made to pass a No. 6 catheter, but without success, as upon the introduction of the instrument he immediately fainted. Three drachms of tincture of opium, in half-drachm doses, were administered at intervals of half an hour. After each dose, an ineffectual attempt was made by the house-surgeon to pass a catheter. He had an enema containing two drachms of the tincture of opium, and two warm baths, with the same unsatisfactory result. Mr. Weeden Cooke ordered one grain of muriate of morphia, with a drachm of sesquicarbonate of soda, every two hours. In the course of the night, the patient passed about four ounces of urine, and the following afternoon the bladder was fully relieved. He had taken seven grains of morphia, and seven drachms of soda, before sufficient relief could be obtained. He is now doing well, and will leave the hospital in a few days.—*Lancet*, April 30, 1859.

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Retroversion of the Uterus causing Retention of Urine.—A woman, 35 years of age, became the subject of enormous dis-

tension of the abdomen, which, on examination, had all the characters of ascites—that is to say, there was dulness over the greater part of this cavity, extending high up above the umbilicus, and evidently due to the presence of fluid. A medical practitioner who was called to see her was on the point of performing paracentesis, so urgent were the general symptoms. Fortunately, this was deferred, and the patient was taken to the Westminster Hospital, and admitted under the care of Dr. Basham. On minutely going into the history of the patient, it was elicited that she was three months pregnant; and as a catheter could not be introduced into the bladder, an examination per vaginam clearly showed that retroversion of the gravid uterus was present, which had probably existed for three weeks, as the abdominal swelling had persisted about that time. Urine, to the extent of a few ounces, daily dribbled from the bladder, and the prominence of the distended viscus made the patient feel as if ready to burst. Mr. P. Adair, the house-surgeon, succeeded in pushing back the fundus of the uterus into its natural position, which at once relieved the pressure upon the neck of the bladder by the os and cervix uteri, and upwards of a gallon of urine flowed away spontaneously, without the aid of a catheter. She has since been going on well, and will shortly leave the hospital.

This case is full of interest, from the risk that the patient ran of being tapped for dropsy. It, however, proves the truth of the observation, that in the earlier months of pregnancy, when retroversion of the uterus has taken place, the bladder is most liable to become distended by the os compressing its neck. It is quite clear, from the history of the patient, that the distension of the bladder was consequent upon the displacement of the uterus, and not the cause of it. —*Lancet*, April 30, 1859.

CLINICAL LECTURE.

Clinical Lecture on Tetanus.—Delivered at University College Hospital. By JOHN ERICHSEN, Esq., Surgeon to the Hospital. GENTLEMEN: The case to which I wish to direct your attention to-day, and to which I purpose to append some remarks on the subject of tetanus, is that of a boy named B——, aged thirteen, who was admitted into this hospital on the 12th of December last, on account of sacro-iliac disease. I shall defer any observations which I may have to make on the affection for which he came to us until a future day, when this case will be taken in conjunction with other cases of sacro-iliac disease. But this case is of more special interest, inasmuch as, while here, the boy was seized with symptoms of tetanus, and eventually died of that affection.

The following are some of the leading facts of the case: The boy, who appeared healthy and well nourished, and did not seem to labour under any congenital or constitutional predisposition to disease, became affected, six weeks before admission, with symptoms of sacro iliac disease. On admission, nothing unusual presented itself in the symptoms, and our diagnosis was made at once. In the ordinary course of treatment, an issue was made, by means of potassa fusa, over the back of the articulation, in the usual way. After the separation of the slough (about the fifth or sixth day), a couple of issue-beads were applied to the ulcerated surface, in order to keep it open and cause a discharge. So far, there was nothing to lead us to suspect the coming evil. On Dec. 24th, the report states that the patient had some stiffness about the jaws, and inability to separate them; there was also some commencing tension about the sterno-mastoid, and some spasmodic action of the muscles of the neck: in fact, on the 24th he was seized with symptoms of the invasion of tetanus. These symptoms increased, the muscles of the trunk and extremities became convulsed, symptoms of suffocation appeared, and he died on the morning of the 28th, in a fit of tetanic spasm, notwithstanding the treatment adopted.

Now, such an occurrence as this is, I need scarcely say, most appalling. A patient suffering merely from a local affection, with constitution unaffected, has an issue inserted in the ordinary course of treatment, and in a few days gets, as the result of that issue (and unquestionably it is the result of the issue), a disease of which he speedily dies. Such an occurrence would indeed be as remarkable as it really is mysterious, were it not that similar ones are by no means infrequent. In fact, surgeons have learned to look upon tetanus as one of those affections which necessarily give rise to an appreciable percentage of deaths in patients suffering from injuries or operations.

With regard to the disease which destroyed the life of this patient, viz., tetanus, I shall say nothing concerning the symptoms, because they exhibited nothing peculiar; but I intend to pass in review a few points connected with its cause, its nature, and its treatment.

1. *Cause.*—Individuals may, doubtless, be seized with tetanus, although not having any breach of surface; but, in the vast majority of cases, the affection comes on as the result of wounds of some description, and these, very generally, wounds of a trivial character. Thus it does not so commonly follow compound fractures of the thigh or leg, as it does minor injuries of the extremities; nor is it so frequent after amputations, resection of joints, or the removal of large tumors, as it is after many minor operations; so that it may be looked upon as most commonly resulting from minor surgical injuries and operations. On looking over a list of the cases which have been under my care in this hospital, I find that, in not one has tetanus come on as the result of the major operations, or more severe accidents, but such injuries as punctures, and compound fracture of the fingers or foot, lacerated wound over the wrist, or a burn on the trunk, are amongst the injuries giving rise to it. So far as operations are concerned, although it may certainly occur after the major operations, it has generally followed such operations as those for varicocele, fistula in ano, ligature of piles, &c., all of which are quite as liable, if not more so, to be followed by tetanus, as the severest operations in surgery.

With regard to the general causes of tetanus, it is no doubt predisposed to greatly by the season of the year, and by epidemic constitution. At those periods and seasons when there are great alterations of temperature—when hot days are succeeded by cold nights—tetanus becomes frequent. In hospital practice there may be no case for months, then several may occur in rapid succession. The week before this boy died, I saw, not a quarter of a mile from this hospital, another case which also ended fatally. The circumstances in which the patient is placed, exercise great influence; it may occur in the old as in the young, in the weakly as well as in the robust. So far as my experience goes, it is more frequent amongst young adults and elderly people than at the middle period of life; more frequent amongst the weakly than the robust. Indeed, when a person apparently in robust health is attacked, it will generally be found that, previously to the supervention of tetanus, he has been subjected to some depressing influence—has been out of health in some way, and has lost tone and vigour.

One of the most important causes of tetanus, especially in military surgery, and, probably, a not unfrequent one in civil practice, is exposure to alterations of temperature and currents of cold air. Hennen states that this was the most frequent cause of tetanus amongst the wounded in the Peninsular War. Larrey observed the same in Napoleon's campaigns. After the battle of Bautzen, a large number of wounded were left upon the field, exposed to the cold night air. Next day a considerable proportion were found to be affected with tetanus. After the battle of Dresden, the same thing was observed; whilst after Moskowa, where the night was warm, although the number of wounded was immense, the proportion of tetanic cases was very small. In our Indian campaigns, at Chillianwallah, and at Ferozepore, the wounded, after severe exertion under a burning sun, were left exposed during an exceedingly cold night, and, according to Dr. McLeod, in a very interesting work called *Notes of the Surgery of the Crimean War*, which I can strongly recommend for your perusal, the result was a large number of cases of tetanus. M. Baudens, again, the chief surgeon to the French army in Algeria, noticed, that out of a small number of wounded placed in a corridor through which played a draught of cold air, a large proportion were seized with tetanus in a single night. All this points to the importance of our not allowing wounded or operated patients to be exposed to draughts of cold air.

The number of cases of tetanus in proportion to the number of wounded varies in civil and military practice, and in different climates, &c. Mr. Rutherford Alcock, who accompanied General Evans's expedition into Spain about twenty-five years ago, gives the proportion of tetanus to wounded as 1 to 79. Sir J. M'Grigor, in the Peninsular war, found it to be 1 to 200; and in the Schleswig-Holstein campaign it was, according to Stromeyer, 1 to 350. In the Crimea, so far as we can judge by official returns, the proportion of tetanic cases was very small. These discrepancies are no doubt due to the

different conditions under which the soldiers were placed. Thus, in the Crimea, being engaged principally in siege operations, the wounded were not left exposed during the night, but were removed at once, and put under cover; and in the Schleswig-Holstein war, each army, being close to its base of operations, could take adequate care of its wounded, who therefore were not exposed to those conditions which military surgeons recognize as the most potent causes of tetanus.

As I have already stated, the proportionate number of deaths from tetanus varies widely in different climates. At Bombay, according to Mr. Poland (who, in a very able paper, has exhausted the statistics of tetanus), it is 2.5 per cent. of all deaths; in London, according to the Registrar-General's returns, .0025 per cent. This preponderance in Bombay is no doubt owing to the heat of the climate; but it must be observed that the proportion is not nearly so great amongst the Europeans there as amongst the natives.

The situation of wounds: has this any influence in determining the occurrence of tetanus? It is a prevalent opinion, both amongst non-professional and professional people, that wounds of the hand, particularly those of the thumb, and, above all, those of the web between the thumb and index finger, are more prone to be followed by tetanus than wounds elsewhere. Whether this be true or not, admits, I think, of great question. That the hands are much more liable to injury, and are much more frequently wounded, than other parts of the body is evident, and the absolute number of cases following such injuries would therefore be expected to be greater; but whether the *relative* number is greater is questionable. On looking over my notes of eighteen cases of tetanus which have come under my observation, and of which I have kept a record, I find that in five of the eighteen the hand was the seat of injury—that is, a little more than one-fourth; but this, I should say, is about the proportion which injuries of the hand, including those of the most trivial character, bear to injuries of all other parts of the body.

2. *Nature.*—The exact nature of tetanus is an unsolved question. Nothing appears more mysterious than an affection such as this, which often seizes an otherwise apparently healthy person suffering from some slight injury, with the more violent convulsive spasms terminating in death in three or four days, or in even less time than that. We have to inquire into the condition of the nervous system, on which such a disease as this is dependent. On examining the brain and spinal cord, we find nothing special to the affection—no lesion which would enable the most experienced pathologist to say that the person had died of tetanus. It is true that we often find some congestion, or softening, as in this case, just above the cauda equina, or a large amount of serosity in the ventricles or subarachnoid space, which may be turbid or bloody; but all such appearances are common to other diseases besides tetanus, and none of them will enable us to assert the existence of tetanus during life. Look at the brain and spinal cord before us. They are to all appearance perfectly healthy, with the exception of some slight congestion, and a small softened patch in the cord, just above the cauda equina. They present no special appearance, no sign by which the acutest pathologist could, by any examination, anatomical or microscopical, say that they came from a tetanic patient. Finding no structural lesion post mortem, medical men have been in the habit of calling this, in common with other diseases of which the exact cause is alike unknown, a "functional disease." But the term "functional disease" is only used as a cloak to ignorance; there is no such thing as a functional disease, and the person who uses the expression merely means that he does not know the organic lesion on which the disorder depends. Every function is the result of the action of an organ; every derangement of a function is the result of the derangement of the corresponding organ; and no function can be deranged without previous or co-existing derangement of the organ whose action constitutes the function. As pathology advances, the class of "functional disorders" becomes less and less. We do not now hear of functional disorders of the heart, lungs, or joints, because the pathological anatomy of those parts being well understood, it is possible to refer their diseases to the real cause. As the physiology and pathology of the nervous system are not yet well ascertained, notwithstanding the labours of such men as Marshall Hall and Brown-Séquard, many affections of that system are at present inexplicable, and "functional" nervous disorders are very common. No surgeon speaks of

"functional" coma, because the particular cause (compression) of the coma is well known and easily recognized; but one still hears of "functional" amaurosis, and tetanus is commonly spoken of as a functional disease. Amaurosis, when I was a student, was looked upon almost solely as a "functional" disorder; but the introduction of the ophthalmoscope has shown that in most cases where functional disease was formerly said to exist, there is, in reality, some structural change in the nervous apparatus of the eyeball appreciable by the naked eye. So it will be with other affections as pathology advances, and disease hitherto vaguely and loosely spoken of as functional will be found to depend on organic changes as appreciable by the senses as are the changes in an amaurotic retina and choroid.

Yet there is in traumatic tetanus, I believe, always a certain condition of the nervous system to be met with, if carefully looked for, namely, an unhealthy state of the nervous branch, or twig, running from the wound. This twig will be found implicated in some way—congested, inflamed, infiltrated; its neurilemma thickened, softened, and discoloured, often for a considerable distance from the wound. I have never failed to find this when it has been carefully looked for. In the present instance, a cutaneous branch was found lying bare and inflamed in the bottom of the issue-wound. In many other cases I have seen the same. Thus, in the case of a girl who had tetanus, consequent on a small punctured wound on the inner side of the thigh near the knee, a branch of the internal cutaneous nerve was found in this condition. I have seen injury to the internal plantar nerve, by treading on a rusty nail, followed by tetanus, and the nerve after death found irritated and inflamed. A dorsal cutaneous nerve was implicated in a case of tetanus following a slight burn on the back, and the external cutaneous branches of the musculo-spiral were affected as high as the bend of the elbow, in a patient who died from tetanus following injury to the thumb. A similar condition of these nerves was observed in a man with lacerated wound over the wrist. These and other similar cases which have fallen under my observation, clearly demonstrate, that although we may fail in discovering any special lesion in the central nervous system, yet that in most, and—so far as my experience goes—in all cases in which the examination is carefully conducted, it will be found that a nervous twig connected with the wound is irritated and inflamed; and this seems to be the starting-point for this so-called functional disease. An organic lesion, not central, but peripheral, still exists, as essential to the production of the affection.

3. *Treatment.*—With regard to the treatment, I need say very little, and that little is in no way satisfactory. The case we are now considering followed the usual course of such attacks, beginning with stiffness of the muscles supplied by the portio dura, violent general spasms coming on in the course of twenty-four hours, and death occurring between the fourth and fifth day. More than half the cases of tetanus die before or on the fifth day from the commencement of the spasms. If the patient survive that time, the symptoms tend to become milder, the disease may wear itself out, and recovery follow. I have seen death occur in less than thirty hours, and as late as the twentieth day; so that the fact of the attack being very chronic is no proof of its innocency. Acuteness of attack, however, is a sure sign of great danger. So, also, the sooner the symptoms come on after the infliction of an injury, the greater is the danger, and the more speedy the fatal issue.

In considering the treatment of tetanus, we must divide it into that of the acute or active, and of the chronic or sub-acute form. In the treatment of *acute* tetanus, I believe that no remedy known exercises the slightest *curative* influence. To drug a person affected with active acute tetanus, is, in my opinion, utterly useless. I have never seen nor heard of a case cured by the routine treatment, the sooner we abandon which, I think, the better. Calomel and opium in large doses, the vegetable sedatives, belladonna, conium, henbane, opium, or camphor, largely administered, are all unavailing (when the disease is acute) in retarding, mitigating, suspending, or arresting its progress. If we are ever to cure acute tetanus, we must give up this line of treatment, which we have been taught by experience to be useless, and endeavour to discover some new principle to guide us in the management of this affection. Yet acute tetanus may be cured, though not, I believe, by medicine; and much may be done to mitigate suffering. The first thing to be done is to divide the nerve leading from the

wound, where it can be found and isolated. The wiser plan would be to divide the trunk of the nerve high up in the limb, so as to get beyond the sphere of the local irritation, which appears to be the chief organic lesion discoverable in these cases. Patients have been cured by this means. Mr. Murray (the surgeon who tied the abdominal aorta) relates the case of a midshipman, who received a wound in the foot from a rusty nail; tetanus came on; Mr. Murray divided the posterior tibial nerve, and the patient recovered. Such cases give hope of being able to save others, and this operation should therefore be done at once, where practicable. It is not, however, by any means, invariably successful. Last session, I divided, without success, however, the branches of the external cutaneous for tetanus, following a wound of the back of the hand.

In the general management of the patient, we must remember that we have an exhausting disease to deal with; the patient sweats profusely during the intervals of the spasms, and will soon sink if not supported. All external causes of excitement should be removed from about the patient; he should be kept perfectly quiet, his bed surrounded with screens or muslin curtains. In addition to these means, the occasional inhalation of chloroform will alleviate, though it will not cure, acute tetanus.

In *sub-acute* and *chronic* tetanus the case is different. If the patient survive the fifth day, and the affection assume a chronic or sub-acute character, we may entertain some hope of his recovery. He should be kept quiet—his strength supported. Terebinthinate enemata, calomel with opium, belladonna, or conium, are the remedies to be employed. Many patients have got well under, and seemed to be cured by this plan of treatment. Cannabis indica, ether, and chloroform, have also been recommended, but are not alone to be trusted to. At all events, calomel and opium, and, if you like, belladonna also, may be given with advantage. You may also feel disposed to try the effect of the sedative alkaloids. I am not aware of any cure having resulted from their use, but atropine, applied liberally, has been beneficial, by mitigating the pain which the patient suffers. Such alkaloids, or the corresponding vegetable extracts, may therefore be applied with benefit.

To sum up: it appears that the best prospect of a cure is to be found in the division of the nerve leading from the seat of injury, wherever this is practicable; in the employment of proper hygienic and dietetic means: in the removal of all sources of external excitement and irritation, local and constitutional; and in the administration of moderate doses of calomel and opium, with turpentine enemata. Such measures as these, I say, appear to be more rational, and to hold out a better chance for the patient, than the empirical administration of specific sedatives, which experience has repeatedly proved to be unavailing in curing the disease, and often even in mitigating its sufferings.—*Lancet*, Feb. 26th, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. Summary of the Proceedings of the Twelfth Annual Meeting.—The Association convened at Mozart Hall in the city of Lousville, Ky., May 3d, 1859. The President, Dr. Harvey Lindsly, called the members to order at 11 A. M. The chairman of the Committee of Arrangements, Dr. R. J. Breckinridge, welcomed the Association to this city in a brief and pertinent address.

Dr. J. B. Flint then, in compliance with a resolution adopted by the State Medical Society of Kentucky, bid the Association "Welcome to the medical jurisdiction of Kentucky, assured it of the cordial interest of the profession of the State in the objects and purposes of its institution, and of the readiness of this Society to co-operate in all its endeavours to promote the honour and usefulness of our common calling."

The roll was then called, after which a recess of fifteen minutes was ordered, to enable the State delegations to choose their representatives on the Committee of Nominations.

On being called to order, the following members were reported as constituting the above-named committee:—

New Hampshire, Dixi Crosby; *Massachusetts*, Solomon D. Townsend; *Rhode Island*, J. H. Eldridge; *New York*, D. M. Reese; *New Jersey*, A. N. Dougherty; *Pennsylvania*, R. K. Smith; *Delaware*, H. F. Askew; *Maryland*, G. W. Lawrence; *District Columbia*, Cornelius Boyle; *Virginia*, L. S. Joynes; *North Carolina*, Ed-

ward Warren, Jun.; *South Carolina*, J. M. Gaston; *Georgia*, John W. Jones; *Alabama*, J. B. Coombs; *Louisiana*, S. O. Scruggs; *Tennessee*, E. B. Haskins; *Kentucky*, D. D. Thomson; *Ohio*, George Fries; *Indiana*, J. H. Brower; *Michigan*, William Brodie; *Illinois*, C. Goodbrake; *Missouri*, M. L. Linton; *Iowa*, D. L. McGugin; *Wisconsin*, C. B. Chapman; *Army*, Charles S. Tripler.

The President then appointed the following Committee on Voluntary Essays: Drs. L. P. Yandell, James Bryan, and C. G. Comegys.

Dr. R. J. Breckinridge, from the Committee of Arrangements, announced that the hours of business would be from 9 A.M. to 1 P.M., and from 3 P.M. until such hour as the Convention should adjourn upon resolution.

Dr. Harvey Lindsly, the President of the Association, then read his retiring address.

Dr. L. A. Smith, of New Jersey, moved that the thanks of the Association be tendered to the President for his able and eloquent address, and it was ordered to be placed in the hands of the appropriate committee for publication, among the proceedings of the meeting.

Dr. Caspar Wister, chairman of the Committee on Publication, read the annual report of this Committee, and on motion of Dr. Sayre, of New York, the following resolutions appended to it were adopted:—

Resolved, That hereafter every paper intended for publication in the *Transactions* must not only be placed in the hands of the Committee of Publication by the first of June, but it must also be so prepared as to require no material alteration or addition at the hands of the author.

Resolved, That authors of papers be required to return their proofs within two weeks after their reception, otherwise they will be passed over and omitted from the volume.

Adjourned until 3 o'clock P. M.

May 3, Afternoon Session.

Dr. W. L. Sutton, one of the Vice-Presidents, took the chair at 3 P. M., and called the members to order.

The chairman of the Committee on Nominations reported the following officers, and the nomination was unanimously confirmed:—

President.—Henry Miller, M. D., of Kentucky.

Vice-Presidents.—H. F. Askew, M. D., Delaware; Chas. F. Tripler, M. D., U. S. Army; L. A. Smith, M. D., New Jersey; Calvin West, M. D., Indiana.

Treasurer.—Caspar Wister, M. D., Pennsylvania.

Secretary.—S. M. Bemiss, M. D., Kentucky.

A committee was appointed to conduct the new officers to their respective chairs.

The President, in taking his seat, made a brief and appropriate address, acknowledging the honour conferred on him.

Dr. R. J. Breckinridge moved that the thanks of the Association be tendered to the retiring officers for the faithful and assiduous manner in which they have conducted the business committed to their charge, which was unanimously adopted.

Several names were now offered as candidates for membership by invitation, when,

On motion of Dr. T. O. Edwards, it was

Resolved, That all applications for membership by invitation be referred to the Committee of Arrangement and Credentials.

Dr. J. B. Lindsly offered the following resolution, which was adopted:—

Resolved, That a committee of three be appointed by the chair to inquire into and report upon the propriety of dividing the Association into sections, for the purpose of performing such parts of its scientific labours as may relate to particular branches of medicine and surgery.

The Chair appointed as the committee, Dr. Lindsly, of Tennessee, Dr. Brainard, of Illinois, and Dr. G. C. Blackman, of Ohio.

Dr. Davis moved that no person be permitted to speak more than twice on the same subject, nor more than ten minutes at one time, except by consent of the Association; which was adopted.

The Committee on Prize Essays was called on for their report, but the chairman being temporarily absent, was postponed.

The Committee on Medical Education was next called on, but failed to report.

The Committee on Medical Literature also was not prepared to report.

A letter from Dr. J. G. F. Holston, of Ohio, chairman of the Special Committee on the Microscope, was read, reporting pro-

gress and begging a continuance for more extended investigation; which was referred to the Committee on Nominations.

A letter from Dr. Stephen Smith, of New York, from the Special Committee on Medical Jurisprudence, had the same reference.

The Special Committee on Quarantine was not ready to report.

Dr. Mattingly, of Kentucky, from the Special Committee on Diseases and Mortality of Boarding-Schools, asked a continuance until next year, in order to obtain further information requisite to the full investigation of the important subject. The request was referred to the Committee on Nominations.

The Special Committee on Surgical Operations for the Relief of Defective Vision, on Milk Sickness, and on the Blood-Corpuscle, had the same reference.

The following report from the Committee on Medical Ethics was read, and such portion of it as related to the action of the Dubuque Medical Society in the case of an expelled member was, on motion of Dr. T. O. Edwards, made the special order for 12 M. to-morrow:—

To the American Medical Association:—

The Committee on Medical Ethics beg leave to state that, of the subjects referred to them at the last meeting of the Association, they find the following notice in the minutes:—

"Dr. Grant, of New Jersey, presented a complaint made by the Newark Medical Society against the New York Medical College, for a violation of the ethics of the profession. Dr. Edwards, of Iowa, presented a similar complaint; and Dr. Oakley, of New Jersey, a complaint from the Union and Essex Counties Medical Society."—*Transactions*, vol. xi. p. 41.

Upon these several complaints your Committee beg leave most respectfully to report:—

That the two complaints from the Medical Societies of New Jersey refer only to one and the same grievance, the particulars of which are set forth in a memorial which was presented to the American Medical Association on the 6th of May, 1858, and which is entitled "Statement of the Newark Medical Association in Reference to a Diploma granted by the New York Medical College."

The facts stated in the memorial, which is now appended to this report, were, during the last annual meeting of the American Medical Association, examined as carefully as time and opportunity would allow. The charges therein contained against the New York Medical College were admitted to be true by Dr. Horace Green, President of said college, who, in apology for the same, submitted a written statement to your Committee, which was at the time accepted as satisfactory by the gentlemen then present before your Committee on behalf of the parties aggrieved; and being afterwards presented with a verbal report by the Committee, was received and entered upon the minutes in the following terms:—

"Whereas, it appears from undoubted testimony that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack of the name of John F. Dunker, of Newark, the faculty, in the person of the President of said college, wish here to declare that the degree was obtained under gross deception and false testimonials furnished by said Dunker and his friends; and they therefore revoke and annul his diploma, and declare said Dunker to be unworthy of patronage or support from authority conferred upon him by this diploma."—*Transactions*, vol. xi. p. 49.

These complaints being thus disposed of, your Committee have only to add, in reference to them, that the memorial presented to the American Medical Association from the Newark Medical Association is worthy of special notice, as setting forth the negligent manner in which mere verbal and hearsay statements are at times accepted in place of authentic written testimonials, from individuals presenting themselves as candidates for the honours of our profession at some of the medical colleges of this country. In this respect there is reason to believe that the New York Medical College does not stand alone; and the publication of the accompanying memorial may be of service in putting a permanent check to this crying evil.

The only other complaint referred to your Committee was that presented by Dr. Edwards, of Iowa, preferring a charge from the Dubuque Medical Society against one of her members, who had been expelled for an alleged infraction of the code of medical ethics. This complaint does not appear to be of such a character as to require adjudication here. It has since the last annual meeting of the American Medical Association been adjudged by the Iowa State Medical Society (see Transactions of the annual

meeting of said society, published at Dubuque, Iowa, 1858), and having been then settled in the State in which the parties reside, it should now be dismissed.

All of which is respectfully submitted.

JOHN WATSON, M. D.,
Chairman.

NEW YORK, April 28, 1859.

Continuances were asked by the Committees on the Pons Varolii, Medulla Oblongata, and Spinal Marrow—their Pathology and Therapeutics; on American Medical Necrology; on the Hygienic Relations of Air, Food, and Water, the Natural and Artificial Causes of their Impurity, and the best Methods by which they can be made most effectually to contribute to the Public Health; on the Effect of the Virus of Rattlesnakes, &c., when introduced into the System of the Mammalia; on the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and Diseases generally; on the Constitutional Origin of Local Diseases, and the Local Origin of Constitutional Diseases; on the Physiological Effects of the Hydrocarbons; on Epilepsy; on the Causes of the Impulse of the Heart, and the Agencies which influence it in Health and Disease; and on the Best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever, &c.; all of which were referred to the Committee on Nominations.

The Special Committee on Government Meteorological Reports made a report, written by Dr. R. H. Coolidge, of the U. S. Army, which was referred to the Committee on Publication.

The Committee, appointed in May, 1857, on Criminal Abortion, submitted a report, written by Dr. Storer, of Boston, which was referred to the Committee on Publication. The following resolutions appended to this report were unanimously adopted:—

Resolved, That while physicians have long been united in condemning the act of producing abortion, at every period of gestation, except as necessary for preserving the life of either mother or child, it has become the duty of this Association, in view of the prevalence and increasing frequency of the crime, publicly to enter an earnest and solemn protest against such unwarrantable destruction of human life.

Resolved, That in pursuance of the grand and noble calling we profess—the saving of human lives—and of the sacred responsibilities thereby devolving upon us, the Association present this subject to the attention of the several legislative assemblies of the Union, with the prayer that the laws by which the crime of procuring abortion is attempted to be controlled may be revised, and that such other action may be taken in the premises as they in their wisdom may deem necessary.

Resolved, That the Association request the zealous co-operation of the various State Medical Societies in pressing the subject upon the legislatures of their respective States, and that the President and Secretaries of the Association are hereby authorized to carry out by memorial these resolutions.

The Association then adjourned till tomorrow morning at 9 o'clock.

May 4.—MORNING SESSION.

The President, Dr. Miller, in the chair.

The chairman of the Committee on Nominations called attention to the fact that the committee could not act definitively until the place for next year's meeting should be designated. He stated also that the Medical State Society of Connecticut had requested that an amendment to the constitution proposed two years since should be taken from the table, relative to the time of meeting.

It was moved by Dr. Blatchford, and seconded by Dr. Sayre, that the amendment to the third article of the constitution be taken up, which proposes to add, after the words "first Tuesday of May," the words "or first Tuesday of June," and after the words "shall be determined" add the words "with the time of meeting."

The amendment was adopted by a constitutional vote.

The chairman of the Committee on Nominations stated that the Connecticut State Society had extended a pressing invitation to the Association to hold its next meeting at New Haven; which invitation was referred to the Committee on Nominations.

He also called attention to the necessity of some radical change in the mode of appointing committees to prepare treatises on scientific subjects to be reported at the annual meetings. It had been seen that on yesterday a large majority of the committees made no reports, and did not even see proper to send in any communication explanatory

of delay. The difficulty heretofore has originated in the mode of selection adopted by the nominating committee. It has been customary for gentlemen to hand in their names and the proposed subjects on slips of paper, and the committee, without further investigation, have so published in the annual reports. Thus it has happened that appointments have been most injudiciously made, and gentlemen to whom a special duty has been assigned have been found to know less of that than of any other subject. It was therefore hoped that no committee of last year would be reappointed or continued, from which no report had been had and no communication received.

On motion, the Nominating Committee was unanimously instructed to act upon the suggestions of the chairman, who also stated that there should be some definite expression of disapprobation as to the course of those gentlemen who had volunteered essays, and had their names reported in the newspapers and spread over the land, and then paid no attention to the matter.

Dr. Flint, from the Committee on Prize Essays, begged leave to report that they had received four dissertations in time for a careful and thorough examination, and two others, quite voluminous, only two days before the meeting of the Association. The latter we have felt constrained to exclude altogether from the competition of the present year, on account of the absolute impossibility of reading them with a critical purpose and effect. The others have been carefully examined by all the surviving members of the committee—one estimable associate, Dr. Evans, having been called from all his earthly labours before the active duties of the committee began. More than one of the four essays we examined exhibited much labour and a commendable scholarship in their preparation, are voluminous, and in some respects very meritorious papers; but, in the unanimous judgment of the committee, neither of them possesses the degree and species of merit which should entitle its author to the Association prize.

The committee beg leave furthermore to report that, in their opinion, and as the suggestion of their own recent experience, the Association should determine in a more precise and formal manner than has yet been done, the terms and conditions of competition and of success in the contest for prizes, for the government alike of contestants and the committee of adjudication, and that a committee be now appointed to consider and report upon that subject.

Dr. Gordon, chairman of the Committee on Etiology and Pathology of Cholera, made a partial report, and asked to be continued.

On motion, the report was accepted and referred to the Committee on Publication, and the petition for continuance referred to the Nominating Committee.

Dr. J. B. Lindsly, chairman of the committee appointed to inquire into the propriety of dividing the Association into sections, for the better performance of its work in considering the various branches of medicine and surgery, recommended the adoption of such a plan as being indispensably necessary to making this body a working scientific association. They do not deem it necessary to enter into any argument in favour of this plan, it being the one already universally adopted by similar bodies. They would simply recommend, for the present, a division into the following sections, as being most suitable to facilitate the transaction of business, viz:—

1. Anatomy and Physiology.
2. Chemistry and Materia Medica.
3. Practical Medicine and Obstetrics.
4. Surgery.

The committee do not propose that this subdivision of labour shall in any manner interfere with the regular business of the Association as now conducted; but only that, after having assembled each day in general session, each section shall meet separately for the purpose of hearing and discussing papers on such subjects as properly belong to them; and they therefore recommend that the Committee of Arrangements for the ensuing year be requested to provide suitable accommodations for the services of these sections, and that each of said sections shall be authorized to make such arrangements as may be required for the proper transaction of its business.

This report was considered and adopted, after a very able speech in its support by Dr. Davis.

Dr. J. W. Singleton, of Ky., moved the suspension of the rules, for the introduction of the following:—

Resolved, That in the death of Dr. A. Evans, of Kentucky, the Association has lost one of its most manly and efficient members, and society a friend and benefactor.

The resolution was unanimously adopted.

Dr. W. L. Sutton, under the resolution appointing a committee on registration of births, marriages, &c., proposed a plan of general action, an abstract of which he read on motion of Dr. Gibbs, of South Carolina, and, on motion of Dr. L. P. Yandell, the subject was referred to a committee, to report during the present session.

Drs. W. L. Sutton, J. B. Lindsly, R. W. Gibbs, Jr., James Bryan, Z. Pitcher, and G. C. Shattuck were appointed such committee.

A report from Dr. Thomas Logan, of California, on Medical Topography and Epidemics, was received, and referred to the Committee on Publication.

The chairman of the Committee on Voluntary Essays stated that he had received a paper on a case of extra-uterine fœtation from Dr. Enos Hoyt, of Transylvania, Mass., and another on a case of accidental poisoning by strychnine, from Dr. Douglas Bly, of Rochester, N. Y. He also presented a very voluminous paper entitled "Observations on some of the Changes of the Solids and Fluids in Malarial Fever, by Joseph Jones, Prof. of Medical Chemistry in the Medical College of Georgia, at Augusta."

By request, Prof. Jones gave a verbal abstract of his paper and an exposition of his theory; and, on motion of D. W. Yandell, the communication was referred to the Committee on Publication.

Dr. D. W. Yandell announced that the following railroad companies had agreed to pass delegates to this convention over their roads at half price: Pittsburg, Fort Wayne, and Chicago; Pennsylvania Central; Jeffersonville; New Albany and Salem; Louisville and Nashville; and Cleveland and Pittsburg.

On motion, a vote of thanks was tendered to these companies for their liberality.

Dr. J. B. Flint offered the following resolution:—

Whereas, our brethren of Great Britain are engaged in erecting a monument to the memory of John Hunter, whose invaluable services in behalf of physiology and surgery are recognized and honoured as well on this side of the Atlantic as in Europe; and whereas this Association, as the representatives of American medicine, would rejoice in some suitable manner to participate in so grateful a testimonial of gratitude and respect; therefore,

Resolved, That a committee of three be appointed, to consider in what manner this participation can best be effected, so as to be acceptable to our British brethren, and consistent with our own means and opportunities of action, with instructions to report at the next annual meeting.

The resolution was adopted, and Drs. Flint, Bowditch, and Shattuck appointed as the committee.

Dr. Harvey Lindsly offered the following:—

Whereas, parliamentary rules of order are numerous, complicated, sometimes obscure, and often inapplicable to such a body as the American Medical Association; and whereas, from the nature of the pursuits of medical men, they cannot be familiar with these rules; therefore,

Resolved, That a select committee of three members be appointed to prepare a system of rules for the government of this Association, as few in number and as concise and perspicuous as possible, to be reported at the next annual meeting.

This resolution was adopted, and Drs. H. Lindsly, C. G. Comegys, and T. W. Blatchford appointed as a committee.

The paper of Dr. Bly, on Accidental Poisoning by Strychnine, was read by its author, and as individual cases are not reported in the Transactions (except as illustrations of principles) of the Association, thanks were returned for the communication, with a request that it be published in some medical journal.

The Nominating Committee made the following report:—

The next annual meeting to take place at New Haven, on the first Tuesday of June, 1860. Dr. Eli Ives to be Junior Secretary.

Committee of Arrangements.—Drs. Chas. Hooker, Stephen G. Hubbard, and Benjamin Silliman, Jr., with power to add to their numbers.

Committee on Prize Essays.—Drs. Worthington Hooker, Conn.; G. C. Shattuck, Mass.; Usher Parsons, R. I.; P. A. Jewett, Conn.; and Jonathan Knight, Conn.

Committee on Publication.—Drs. F. G. Smith, and C. Wister, Philadelphia, Pa.; S. M. Bemiss, Louisville, Ky.; E. Ives, New Haven, Conn.; S. B. Hollingsworth and E. Hartshorne, Philadelphia, Pa.; and H. F. Askew, Wilmington, Del.

Committee on Medical Literature.—Drs.

Henry Campbell, Ga.; D. F. Wright, Tenn.; O. Wendell Holmes, Mass.; S. G. Armor, Ohio; and W. G. Byford, Ill.

Committee on Medical Education.—Drs. D. M. Reese, N. Y.; W. K. Bowling, Tenn.; Chas. Fishback, Ind.; John Bell, Penn.; Z. Pitcher, Mich.

The following Special Committees were appointed:—

On Morbus Coxarius, and Surgical Pathology of Articular Inflammation.—Dr. Lewis A. Sayre, of New York.

On the Surgical Treatment of Strictures of the Urethra.—Dr. James Bryan, of Philadelphia.

On Drainage and Sewerage of Large Cities, their Influence on Public Health.—Dr. A. J. Semmes, D. C., chairman; Cornelius Boyle, and G. M. Dove.

On Puerperal Tetanus, its Statistics, Pathology, and Treatment.—Dr. D. L. McGugin, of Keokuk, Iowa.

On Hospital Epidemics.—Dr. R. K. Smith, of Philadelphia.

On Puerperal Fever.—Dr. S. N. Green, of Stilesville, Ind.

On Anæmia and Chlorosis.—Dr. H. P. Ayres, of Fort Wayne, Ind.

On Veratrum Viride.—Dr. James B. McCaw, of Richmond, Va.

On Alcohol, its Therapeutical Effects.—Dr. J. W. Dunbar, of Baltimore, Md.

On Meteorology.—Dr. J. G. Westmoreland, Atlanta, Ga.

On Milk Sickness.—Dr. Robt. Thompson, Columbus, Ohio.

On Manifestations of Disease of Nerve Centres.—Dr. C. B. Chapman, Wisconsin.

On the Medical Topography of Iowa.—Dr. T. O. Edwards, Iowa.

On Microscopic Observations on Cancer Cells.—Dr. Geo. D. Norris, New Market, Alabama.

On the Philosophy of Practical Medicine.—Dr. Jas. Graham, Cincinnati, Ohio.

On some of the Peculiarities of the North Pacific, and their Relations to Climate.—Dr. Wm. H. Doughty, Ga.

The following Special Committees were continued or altered:—

On Microscope.—John C. Dalton, Jr., N. Y.; David Hutchinson, Ind.; A. R. Stout, Cal.; Calvin Ellis, Mass.; Christopher Johnston, Md.

On Diseases and Mortality of Boarding Schools.—Dr. C. Mattingly, Ky.; and Dixi Crosby, N. H.

On the Various Surgical Operations for the Relief of Defective Vision.—Drs. M. A. Pallen, Mo.; T. J. Cogley, Ind.; and W. Hunt, Penn.

On the Blood Corpuscle.—Dr. A. Sager, Michigan.

On American Medical Necrology.—Dr. C. C. Cox, Maryland.

On the Hygienic Relations of Air, Food, and Water, the Natural and Artificial Causes of their Impurity, and the best methods by which they can be made most effectually to contribute to the Public Health.—Dr. C. C. Cox, Maryland.

On the Effect of Virus of Rattlesnake, &c., when introduced into the System of Mammalia.—Dr. A. S. Payne, Va.

On the Climate of the Pacific Coast, and its Modifying Influences upon Inflammatory Action and Diseases generally.—Dr. O. Harvey, California.

On the Constitutional Origin of Local Diseases and the Local Origin of Constitutional Diseases.—Drs. W. H. McKee, of North Carolina; and C. F. Heywood, of New York.

On motion of Dr. Brodie, Dr. A. J. Semmes was requested to serve as Secretary *pro tem.* during the remainder of the session.

The Association took up the special order, being the Report on Medical Ethics, to which had been referred the action of the Dubuque Medical Society; which, after debate, was laid over until 12 o'clock tomorrow.

On motion of Dr. H. F. Campbell, a section of meteorology, medical topography, and epidemic diseases, and of medical jurisprudence and hygiene, was added to those already adopted by this Association.

The Association then proceeded to consider and act upon amendments to the Constitution proposed at the last annual meeting, and laid over under the rules. The following amendment was adopted:—

Resolved, That the Constitution of this Association be so amended as to provide that no individual who shall be under sentence of expulsion or suspension from any State or Local Medical Society, of which he may have been a member, shall be received as a delegate to this body, or be allowed any of the privileges of a member, until he shall have been relieved from the said sentence by such State or Local Society.

The next amendment, laying over from last year, was the proposition of Dr. Kyle, of Ohio,

That the Constitution of the Association be so amended as to prohibit the admission as a delegate, or the recognition as a member, of any person who is not a graduate of some respectable medical college.

This amendment was rejected, but, on the question of reconsideration, a long and animated debate ensued. Without arriving at a vote, the Association adjourned for dinner.

The following gentlemen have been admitted to the Association as members by invitation:—

Indiana.—B. C. Bowan, N. D. Field, John S. Rowe, R. Curran, D. Wiley, J. A. Windle, A. V. Talbot, J. W. Davis.

Ohio.—W. C. Hall, N. B. Davis.

Tennessee.—J. M. Brannoch.

Kentucky.—W. N. Gaither, S. B. Fields, W. S. Cain, J. A. Hodge, S. B. Merrifield, Joshua Gore, H. M. Berkeley.

Missouri.—J. M. Allen.

Alabama.—Dr. N. Bozeman, Dr. Turney.

New Hampshire.—David Kay.

On motion, adjourned until 3 P. M.

May 4, Afternoon Session.

The Association was called to order at 3 P. M., Dr. H. F. Askew in the Chair. The discussion on the amendment under consideration at the hour of adjournment was renewed.

After a long discussion, Dr. Davis, of Ind., moved to lay the motion to reconsider on the table, which was carried; 97 yeas, nays not counted; so the amendment stands registered.

The next proposed amendment to the Constitution was that suggested by the New Jersey Medical Society, asking for such changes as would establish a Board of Censors in every judicial district of the Supreme Court, who should examine and grant diplomas to all proper members of the Association.

This was temporarily laid on the table for Dr. Crosby to offer a report of the Medical Teachers' Convention which met on Monday last. He strongly recommended a committee from this body to confer with the Teachers' Committee, and felt great confidence that something beneficial to medical education would be the effect of such conference.

Dr. Comegys moved the appointment of a committee of five to confer with the Committee of Medical Teachers and report at the next annual meeting, provided that no medical teacher be selected on the part of this Association.

Dr. T. M. Blatchford, of New York, offered as a substitute the following preamble and resolution:—

Whereas, Of all the subjects which can engage our attention in our associate capacity, that of medical education is paramount; and whereas, harmony of action is essential to success in establishing definite qualifications entitling to admission in our ranks; and whereas, nothing can be gained by hasty action in a matter so vital to our very existence as a permanent medical institution; therefore,

Resolved, That further action be suspended for the present upon the subject of the resolutions offered at the last meeting of the Association by the chairman of the special committee on medical education, and that a committee, consisting of S. W. Butler of Pennsylvania, L. A. Smith of New Jersey, Dixi Crosby of New Hampshire, C. A. Pope of Missouri, and T. Buckler of Maryland, shall be appointed to confer with the committee appointed at the meeting of medical teachers, to report some plan for action at the next meeting of the Association.

This amendment was lost, and the original resolution adopted.

The resolutions from the New Jersey Medical Society were then taken from the table, and referred to the Committee of Conference.

Dr. Davis offered a resolution instructing the same committee to confer with the State Medical Societies for the purpose of procuring more decisive and uniform action throughout the profession in carrying into effect the standard of preliminary education adopted by this Association at its organization in 1847. This was carried.

Dr. Gibbes, from the committee to examine into a plan of uniform registration of births, marriages, and deaths, offered the following report:—

They have given the same a careful consideration, and they unanimously recommend that the report be adopted and referred to the Committee on Publication.

They also recommend that the same committee be continued, with instructions to add to the report, in time for publication in the ensuing volume of *Transactions*, a form of registration law which may be likely to answer the requirements of the several States.

Dr. Sayre, of New York, offered the following:—

WHEREAS, The medical profession at large have an intereat in the character and qualifications of those who are to be admitted as their associates in the profession: therefore,

Resolved, That each State Medical Society be requested to appoint annually two delegates for each college in that State, whose duty it shall be to attend the examinations of all candidates for graduation; and that the colleges be requested to permit such delegates to participate in the examination and vote on the qualifications of all such candidates.

This was, on motion, referred to the Committee of Conference.

The paper of Dr. Jones, presented at the morning session, was taken from the Committee on Publication and referred to the Committee on Prize Essays.

Dr. Eve moved to record the name of Dr. Benj. W. Dudley as a permanent member, which was adopted by a unanimous vote, the delegates all rising to their feet in token of respect.

May 5.

The President called the Association to order at 9 o'clock, and the reading of the minutes of yesterday was dispensed with.

The first business in order was an amendment to the Constitution, laid over from last year, and proposed by Dr. T. L. Mason, of New York, to insert in the first line of the second paragraph of Article 2, after the words "shall receive the appointment from," the words "any medical society permanently organized in accordance with the laws regulating the practice of physic and surgery in the State in which they are situated, and consisting of physicians and surgeons regularly authorized to practise their profession."

Also, to add to the sixth paragraph of the same article the words, "but each permanent member of the first class designated in this plan of organization shall be entitled to a seat in the Association on his presenting to this body a certificate of his good standing, signed by the Secretary of the Society to which he may belong at the time of each annual meeting of this body."

Dr. Lyndon A. Smith, of New Jersey, said amendments to the Constitution should be adopted with care, and though, perhaps, that now proposed might be desirable, still as Dr. Mason, who had proposed it, was not present to explain his views, he moved that the subject be laid over until next year. This suggestion was adopted.

Another constitutional amendment, proposed by Dr. Henry Hartshorne, of Pennsylvania, and laid over from last year under the rules, provides to add to the second article the words, "No one expelled from this Association shall at any time thereafter be received as a delegate or member, unless by a three-fourths vote of the members present at the meeting to which he is sent, or at which he is proposed."

This amendment was adopted.

Another amendment, proposed by J. Berrien Lindsly, of Tennessee, was called up, to omit in article 2 the words, "medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions in good standing in the United States," and also to omit the words, "The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

This was laid on the table until the next annual meeting.

An invitation was received from Mons. Groux, requesting the delegates to meet him at the Hall of the University at noon to-day, to witness experiments on his congenital fissure of the sternum, which was deferred until 4 o'clock this afternoon, as the Association had previously accepted the hospitality of Mr. and Mrs. Robert J. Ward at the former hour.

Dr. McDermot submitted the following resolutions:—

WHEREAS, a vast proportion of the disease and misery that afflict our race is caused by the excessive use of intoxicating liquors;

AND WHEREAS, in the opinion of this Association the evils of intoxication can be most effectually remedied by the establishment of Inebriate Asylums, wherein the victims of intemperance may be subjected to such restraints and treatment as shall effect a thorough reformation of their habits; therefore,

Resolved, That this Association recommend the establishment of Inebriate Asylums in the various States of the Union.

Resolved, That the State and County Medical Societies, and all members of the medical profession be requested to unite in diffusing among the people a better knowledge and appreciation of the beneficent purposes and important benefit that would be conferred upon society by the establishment of such Asylums throughout the various sections of the country.

This resolution was referred to the mover as a special committee, with a request that he would report thereon at the next meeting of the Association.

Dr. Shattuck offered the following, which was adopted;—

Resolved, That the committee appointed in May, 1857, on Criminal Abortion, be requested to continue their labours, and especially to take all measures necessary to carry into effect the resolutions reported by them on the first day of the meeting.

Dr. Yandell, from the Committee on Voluntary Essays, made a further report that a communication had been received from Dr. Sanger, of Iowa, on Subcutaneous Injections as remedials, which, on motion, the author read.

The essay was referred to the writer as a special committee, with the request that he would report further at the next annual meeting of the Association and continue his investigations.

Invitations to visit the Insane Asylum and the Library and Museum of Transylvania University were received.

The President appointed as the Committee of Conference to meet the committee from the Teachers' Convention, the following gentlemen:—

Drs. Blatchford, Troy, N. Y.; Condie, Philadelphia, Pa.; Bozeman, Montgomery, Ala.; Brodie, Detroit, Mich.; and Sneed, Frankfort, Ky.

The Nominating Committee made the following final report:—

Special Committees continued.

On Quarantine.—Drs. D. D. Clark, Pa.; Snow, R. I.; Jewell, Pa.; Fenner, La.; Houck, Md.

On Medical Ethics.—Drs. Schuck, Pa.; Murphy, O.; Linton, Mo.; Powell, Ga.; Eve, Tenn.

On Tracheotomy in Membranous Croup.—Dr. A. V. Dougherty, N. J.

The Effect of the Perineal Operations for Urinary Calculi upon Procreation in the Male.—Dr. J. S. White, Memphis, Tenn.

On Mercurial Fumigation in Syphilis.—Dr. D. W. Yandell, Louisville, Ky.

On the Improvements in the Science and Art of Surgery, made during the last half century.—Dr. Jos. McDowell, St. Louis, Mo.

On the Cause and Increase of Crime and its Mode of Punishment.—Dr. W. C. Sneed, Frankfort, Ky.

On the Education of Imbecile and Idiotic Children.—Dr. H. P. Ayres, Fort Wayne, Ind.

On the Uses and Abuses of the Speculum Uteri.—Dr. C. H. Spillman, of Kentucky.

On the Topography of Vermont.—Dr. Perkins, of Vermont.

On the Pons Varolii, etc.—Drs. S. B. Richardson, of Kentucky, and Fishback, of Indiana.

On the Physiological Effects of the Hydro-Carbons.—Dr. F. W. White, of Illinois.

The paper from Dr. Ellis, of Massachusetts, on the subject, "Does the Microscope enable us to make a positive diagnosis of cancer, and what, if any, are the sources of error?" was referred to Special Committee on the Microscope, of which Dr. Dalton is chairman.

On motion the report was adopted as a whole.

Honorary resolutions were passed to the memory of the following members of the Association, deceased:—

Dr. W. W. Boling, of Alabama; Dr. Thomas D. Mütter, of Pennsylvania; Dr. P. C. Gaillard, of South Carolina; Dr. Jabez G. Goble, of New Jersey; Dr. John K. Mitchell, of Tennessee.

Dr. R. K. Smith, of Philadelphia, submitted the following:—

Resolved, That the death of Dr. John K. Mitchell, one of the members of this Association, has been to this body a loss keenly felt by every man who knew him. His eminence as a teacher, his varied acquirements in every department of learning, and

his generous social qualities in every relation, endeared him to every member of the profession who had the pleasure of his personal acquaintance.

Resolved, That the family be notified of the action of this Association.

Other more formal resolutions were offered and feeling eulogies pronounced.

Dr. Sayre offered the following, which were adopted by acclamation:—

Resolved, That the thanks of the American Medical Association are eminently due and are hereby presented to the citizens of Louisville, Ky., for the princely hospitality publicly and privately extended to the members of this body during its present session.

Resolved, That to the Committee of Arrangements and the Profession of Louisville generally, our thanks are due for their kind and assiduous attention to the Association, and for the hearty welcome with which they have greeted our Convention in their flourishing city.

After the transaction of some other unimportant routine business,

On motion of Dr. Davis, the Association adjourned to meet at New Haven on the first Tuesday in June, 1860.

—

Convention of the Professors of the Medical Colleges of the United States.—It may be remembered that at the annual meeting of the American Medical Association in 1858, the following resolution was adopted:—

Resolved, That we recommend to all the medical colleges entitled to a representation in this body, that they appoint delegates especially instructed to represent them in a meeting to be held at Louisville, on Monday, the day immediately preceding the convention of the American Medical Association for the year 1859, at 10 o'clock in the morning at such place as the committee of arrangements shall designate.

In pursuance of the above, delegates from various medical schools convened at Louisville, on the 2d of May. At 10 o'clock the Convention was called to order. Prof. Dixi Crosby, of Dartmouth College, was called to the chair, and Prof. Geo. C. Blackman, of the Ohio Medical College, appointed Secretary.

Some discussion then ensued as to the mode of organization, some wishing all medical professors present to act as delegates, and others desiring that each college should have a unit representation. The following resolution was submitted by Dr. David F. Wright, of Shelby Medical College:—

Resolved, That all members of the Faculties of Medical Colleges now present shall be considered members of this Convention, but that where more than one belong to the same college one of them alone shall vote in behalf of that institution.

After some further interchange of views —all tending to the same wish of full representation—on motion of Dr. A. H. Baker, of Cincinnati, the following substitute was offered and adopted:—

Resolved, That a committee of three on credentials be appointed by the chair.

Under this resolution, Prof. Crosby selected Drs. Baker, Shattuck, and Haskins, the Committee on Credentials, and the Convention took half an hour's recess for the registration of the names of delegates.

On the Convention having been called to order, after the expiration of the half hour, the following delegates were announced as in attendance, with the institutions to which they belong:—

Dartmouth College, New Hampshire—Prof. Dixi Crosby.

Shelby Medical College, Tenn.—Profs. E. B. Haskins and D. F. Wright.

Missouri Medical College—Prof. J. N. McDowell.

St. Louis Medical College—Prof. M. L. Linton.

Medical College of South Carolina—Prof. Henry K. Frost.

Medical College of Georgia at Augusta—Profs. H. F. Campbell and Joseph Jones.

Medical Department University of Michigan—Prof. Mosea Gunn.

University of Louisville—Profs. L. P. Yandell and L. Powell.

Cincinnati College of Medicine—Prof. A. H. Baker.

Lind University, Chicago—Prof. N. S. Davis.

Oglethorpe Medical College, Georgia—Prof. A. G. Thomas.

Medical College of Ohio—Prof. George C. Blackman.

Western Reserve Medical College, Cleveland, O.—Prof. G. C. C. Weber.

Kentucky School of Medicine—Profs. M. Goldsmith and G. W. Bayless.

Iowa University—Prof. McGugin.

Medical College of Memphis, Tenn.—Prof. H. R. Robards.

Medical College of Richmond, Va.—Profs. B. R. Welford and L. L. Joynes.

Atlanta Medical College, Ga.—Profs. J. G. Westmoreland and John W. Jones.

Medical Faculty of Harvard University, Boston, Mass.—Prof. Geo. C. Shattuck.

Rush Medical College, Chicago, Ill.—Profs. Daniel Brainard and Joseph W. Freer.

The Convention was then permanently organized by the re-election of the temporary officers.

Dr. Wright's resolution that members from Medical Colleges who are now present be permitted to take part in the debates, but that each college have but one vote, was again taken up, considered, and passed.

Dr. N. S. Davis offered the following, which was adopted:—

Resolved, That a Business Committee of five be appointed by the chair to report propositions for the action of the Convention.

The chair appointed Drs. N. S. Davis, Gunn, Frost, Shattuck, and Yandell.

After a short recess to enable this committee to report, they submitted the following through Dr. Davis, the Chairman:—

1. *Resolved*, That this Convention recognizes the great advantages to be derived from the action of the American Medical Association in prescribing the terms and conditions on which medical degrees shall be conferred and licenses to practise medicine shall be granted; and that an expression of opinion as to methods or periods of instruction from the American Medical Association should be received with deference and respect, and that all pains should be taken to enforce any rules and regulations recommended by that body.

2. *Resolved*, That this Convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its organization in May, 1847; and that the medical colleges will cheerfully receive and record the certificates alluded to in said standard whenever the profession generally and the preceptors will see that students are properly supplied with them.

3. *Resolved*, That no medical college should allow any term of practice to be a substitute for one course of lectures in the requisitions for graduation.

4. *Resolved*, That hospital clinical instruction constitutes a necessary part of medical education; and that every candidate for the degree of Doctor of Medicine should be required to have attended such instruction regularly for a period of not less than five months during the last year of his period of medical pupilage.

5. *Resolved*, That every Medical College should rigidly enforce the rule requiring three full years of medical study before graduation, and that the diploma of no Medical College shall be recognized which is known to violate this rule.

Prof. Wright, of Nashville, moved that the resolutions of the report be considered seriatum, and the first being taken up he spoke at length in opposition to it, giving a history of the previous difficulties between the American Medical Association and the medical colleges. He could neither vote for such a resolution nor could he take any future part in the proceedings of a convention which should adopt it.

Prof. Brainard, of Chicago, thought this Convention was asked to take a step fraught with peril to the harmony of the profession and its best interests; it should be met on the threshold and a solemn protest entered against it. This body did not represent the Medical Colleges of the country with unanimity; New York, Philadelphia, and New Orleans, are not represented here, and he must consider their absence as a protest against the assumption of any power on the part of this body or the American Medical Association to dictate the terms on which the colleges should confer their degrees or receive their students.

The admission of such a resolution would produce hostile factions both in the profession and in the colleges, and could never receive the sanction of those who had independent chartered rights to fall back upon. He was opposed to no true improvement in the medical profession, but he did object to shutting that door upon young men desirous of entering the profession, through which we ourselves all had entered.

Without definite action on the resolution, the Convention adjourned until 3 o'clock P. M.

AFTERNOON SESSION.

When the Convention reassembled, Dr. Bayless offered the following amendments to the first resolution:—

1. To substitute in the third line the word "recommending" for "prescribing."

2. To strike out all after the words "deference and respect."

A long discussion ensued on the resolution, which was participated in by Drs. Bayless, Yandell, Palmer, McDowell, Davis, Brainard, Shattuck, Baker, and Wright. The differences of opinions seemed almost as various as the number of speeches, when Prof. L. L. Joynes, of the Medical College of Richmond, Va., offered the following preamble and resolutions as a substitute for the resolutions from the Business Committee:—

Whereas, It appears that a large proportion of the Medical Colleges of the United States are unrepresented in this Convention, and no changes in the present system of education can be effectual unless adopted by the schools generally—

Resolved, That it is inexpedient at this time to take any action upon the proposition contained in the report presented by the Special Committee on Medical Education, at the last meeting of the American Medical Association.

Resolved, That with the view of obtaining a more general union in counsel and in action, upon this important subject, this Convention do now adjourn to meet again on the day preceding the next annual meeting of the American Medical Association, at the place which may be agreed upon for said meeting, and that the several Medical Colleges in the United States be requested to appoint each one delegate to such adjourned meeting of this Convention.

These resolutions were amended, at the suggestion of Dr. Wright, to include the appointment of a committee of five to take into consideration, during the recess, the various matters referred to in the resolutions, and to report thereon at the adjourned meeting.

The vote was demanded on this by colleges, and resulted as follows:—

Yeas—Shelby Medical College, Missouri Medical College, St. Louis Medical College, Oglethorpe Medical College, Ohio Medical College, Western Reserve Medical College, Kentucky School of Medicine, Medical College, Richmond, Atlanta Medical College, Rush Medical College—10.

Nays—Medical College, S. C., Medical College, Ga., Medical Department University, Mich., University of Louisville, Cincinnati College of Medicine, Lind University, Iowa University, Medical College, Memphis, Harvard University—9.

The substitute was declared adopted, yeas 10, nays 9, and so the Convention stood adjourned until the day preceding the next annual meeting of the American Medical Association.

The chairman appointed the following committee under the above resolution: Drs. L. P. Yandell, Geo. Shattuck, Geo. C. Blackman, H. F. Campbell, and M. Gunn.

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Quarantine and Sanitary Convention.—The third annual meeting of this body was held in the Hall of the College of Physicians and Surgeons, New York, on the 27th, 28th, 29th, and 30th of April. One hundred and forty-two delegates were present. Dr. Joseph M. Smith welcomed the delegates to the city. The Convention was organized by the election of the following officers: President, John H. Griscom, M. D., of New York; twelve vice-presidents from the different States represented, and six secretaries were elected.

Dr. Griscom, on taking the chair, made some very happy remarks in acknowledgment of the honour so unexpectedly conferred upon him. The objects of the Convention, he said, were twofold—to consider the external sanitary police of cities, whose operation was co-extensive with commerce, and the internal hygienic police of society. The first was the most imposing, but the last he thought far the most important. Quarantine defences had engaged the attention of all commercial nations from time immemorial, but the hygienic rules for the preservation of the health of individuals and of families had been strangely neglected. Yet the house on the heath and the tenement in the city needed to know them alike, and ignorance of them was limiting human life far more narrowly than nature had set. New York city in twenty-five years had lost—

	Inhabitants.
From cholera, ...	12,300
" cholera infantum, . .	15,000
In 20 years from hydrocephalus, .	12,400
From erysipelas, . . .	2.100
" cholera morbus, . . .	1,400
" convulsions (mostly infantile),	20,000

These were diseases originating in the domicils. But from yellow fever, against which, more than anything else, we erect

the barriers of quarantine, the loss in fifty years had been only 600. These pregnant facts produced quite a sensation.

A committee was appointed to arrange and propose the business of the sessions.

Second day, Thursday, April 28th.—The Committee on Quarantine appointed by the last convention presented its report. This is an elaborate document of eighty four pages. *First*, it details the history of Quarantine from the earliest times. *Second*, it discusses the question—"*Have Quarantines secured the object for which they were originally intended? If not, the reasons of their failure?*" and gives the reasons why, to some extent, they have not. *Third*, it considers what reforms are necessary to make them more efficient and less burdensome. The report is signed by the members of the committee, to wit: Drs. Wilson Jewell, R. La Roche, and D. F. Condie, of Philadelphia; John M. Moriarty, of Boston; Warren Cleveland, of Brooklyn; Wm. J. Wragg, of Charleston; William Selden, of Norfolk; and William Kemp, of Baltimore. A fourth part, for which Dr. Wragg alone is responsible, discusses the feasibility of a uniform system of quarantine laws. The fifth part, to treat of the best means of purifying infected vessels, was intrusted to Dr. Cleveland, of Brooklyn.

The first part of the report was read and adopted without debate. The second part, without committing its authors to any radical doctrine, leaned well to the side of the party that would abolish all quarantine. This was debated at length, and finally adopted.

The third part of the report was then read and discussed, after which, on motion of Dr. James R. Wood, the whole report of the committee was recommitted, with instructions to report it to-morrow, complete and free from its radicalisms.

Evening Session.—The evening session was devoted to the report of Dr. Henry G. Clark, of Boston, proposing a draft of a sanitary code for cities. After considerable discussion, in which objection was made to the general applicability of the proposed code, the further consideration of the subject was postponed.

Third day, April 29.—On motion of Dr. A. H. Stevens, after considerable discussion, it was—

Resolved, That in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed from one person to another, it is the opinion of this Convention that the personal quarantine of yellow fever cases may be safely abolished.

Dr. Kemp, from the Committee on Quarantine, reported that, inasmuch as only a minority of the committee was present, they did not feel at liberty to amend the report, which had been recommitted to them for that purpose, but he reported two resolutions, which were adopted. These resolutions reiterate the necessity of continuing quarantine through all the months of the year, and recommend more careful attention to hygiene on board vessels.

The code of sanitary laws drafted by Dr. Clarke, of Boston, was considered, by sections, and adopted—with some amendments, making it more comprehensive.

The Business Committee reported, advising that committees be appointed to report, at the next Convention, on the subjects of Food, City Cleanliness, Architecture, with reference to domiciliary hygiene, and the sale of Drugs and Poisons.

Lieut. Veile offered the following, which was adopted:—

WHEREAS, The drainage and sewerage of cities is, of necessity, among the powers and duties of the corporate authorities thereof, and, as a consequence, beyond the control of the private citizens; therefore be it

Resolved, As the sense of this Convention, that the responsibility for all diseases and deaths in cities, caused by defective sewerage or imperfect drainage, rests upon the corporate authorities, and it be earnestly recommended to the civic authorities to investigate, and to provide prompt remedies for the evils from these causes.

A motion prevailed to meet again at 10 o'clock on Saturday.

It was announced that the authorities of the city of New York had offered to publish the proceedings of the Convention.

Fourth day, April 30.—The Convention met this morning. On motion of Gen. Mather, the following resolution was adopted:—

Resolved, That a Committee be appointed by the President to inquire and report as to the organization and practical working of the Dispensaries in the cities of this and other States, as to their relation to municipal and domiciliary hygiene.

On motion of Mayor Lincoln, the Convention determined to hold its next annual session in the city of Boston, June 14th, 1860.

On motion of Dr. Harris, a committee was appointed to report upon the causes of malaria, that are properly subject to the control of State and municipal authorities.

After passing the ordinary complimentary resolutions, the President announced the committees, and declared the Convention adjourned *sine die*.

—

Pennsylvania Hospital.—Prof. G. B. Wood, who has for many years been one of the physicians to this institution, a position which he has filled with eminent credit to himself, with great benefit to the sick who needed the aid of the charity, and greatly to the advantage of the numerous students who sought clinical instruction there, has resigned. Dr. F. G. Smith has been elected in his place.

—

Medical Department of Pennsylvania College.—In our number for April last (pp 62–63) we announced the retirement of Prof. A. Stillé from this school. Since then the remaining members of the Faculty have sent in their resignations to the Trustees of the Parent Institution at Gettysburg. The Faculty of the "Philadelphia Medical College" applied for the vacant chairs to which they have been elected, and the professors in the latter school now constitute the Faculty of the Pennsylvania Medical College.

—

Medical Department of the Army.—The Army Medical Board, which recently convened in this city, have recommended the following gentlemen for appointment in the Medical Staff of the Army:—

No. 1. George Suckley, M. D., New York.

No. 2. Dewitt C. Peters, M. D., New York.

No. 3. Charles H. Alden, M. D., Pennsylvania.

Assistant Surgeons, Alexander B. Hasson and Jonathan Letherman were examined by the Board and found qualified for promotion.

—

Navy Medical Board.—The Board of Naval Medical Examiners, consisting of Surgeons W. S. W. Ruschenberger, L. B. Hunter, J. D. Miller, and Passed Assistant Surgeon George H. Howell, adjourned *sine die*, May 23d, 1859.

Assistant Surgeons Thos. J. Turner (appointed in 1853), R. P. Daniel, William G. Hay, and William T. Hord (appointed in 1854), were found qualified for promotion.

Of the competitors before the Board for the ten vacancies which will probably occur, in the course of the year, in the grade of assistant surgeon, the following have been selected:—

1, William Bradley, Pa., 2, Edward F. Corson, Pa.; 3, David Kendleberger, Ohio; 4, Joseph D. Grafton, Arkansas; 5, Robert L. Weber, Pa.; 6, Robert J. Freeman, Va.; 7, William E. Taylor, Va.; 9, James McMaster, Pa.; 10, James W. Herty, Ga.

The five first named have been already appointed, and it is probable the others will receive commissions in the Medical Corps of the Navy prior to the meeting of another board.

It is supposed that the increased activity of the naval service, in connection with the comparatively small number of medical officers, a large proportion of whom, from age and physical disability, are incapable of active duty, will induce the next Congress to authorize a considerable augmentation of the medical corps. Should this conjecture prove to be correct, it is probable that from forty to fifty assistant surgeons will be required to fill new appointments in the course of the year 1860. Those young members of the profession who are desirous to obtain admission into the Naval Medical Corps should begin now to prepare for the competition which will be open in the course of the next spring.

—

College of Physicians and Surgeons, New York.—Dr. Thos. M. Markoe has been appointed "Lecturer adjunct to the Professor of Surgery," and Dr. Geo. T. Elliot, Jr., "Lecturer adjunct to the Professor of Obstetrics," in this school.

—

American Medical Literature.—We have never felt any sympathy with those who desired to prematurely force forward the Medical Literature of this country by a sort of hot-house process, believing that a natural healthy growth was inevitable, which would make up for any slowness of maturation by its excellence and permanency. We observe with much pleasure the evidences of progress in this direction which are daily

multiplying, and it affords us gratification to chronicle each new step in advance. When Professor Dalton, of New York, recently issued a systematic work on Human Physiology, we felt assured that it would at once take its position among the most advanced expositions of the science that our language afforded. We are therefore pleased to find the following tribute to its merits, which we extract from the April number of the *Westminster Review*— well-deserved praise which, as we have reason to know, emanates from one of the most distinguished physiologists of Great Britain.

"In striking contrast with the six ponderous tomes of which the Cyclopædia consists (one of its five volumes being so bulky that a division of it is indispensable for use), is a compendious treatise that has recently issued from the American press, by a rising young physiologist, who had previously gained considerable distinction by his original investigations. His ideas of the science are based less upon the systems which have been commonly accredited, than upon the investigations which have marked its progress during a recent epoch; so that instead of interweaving the latter with the former, after the fashion of most systematic writers and teachers, modifying the older doctrines in so far as may be necessary to make them accordant with later researches, he has taken, as it were, an altogether new point of departure, and has set himself to consider on what plan and with what materials the fabric might be best built up, if it were now to be erected *de novo*. There is, we think, considerable advantage to science in the occasional advent of fresh minds which do not allow themselves to be fettered by its traditions, but determine to prove and examine everything for themselves. Unfortunately, some of these seem to differ from their predecessors for the mere sake of establishing a claim to originality, or of gratifying their own love of antagonism and fault-finding. This, however, is not a fault which can be laid to Dr. Dalton's charge. His object has been, not to invalidate the researches of others, but to establish and corroborate them by original investigation, so as to present to the world a compact and reliable summary of the principal verities of physiological science that shall be in accordance with the most advanced knowledge of the time; and we are happy in being able to recommend his treatise as admirably fulfilling this intention. We may differ from him in his estimate of the value of particular facts, and in the conclusions he deduces from them; but the work is highly creditable to his judgment and industry, and is not surpassed by any with which we are acquainted as a concise summary of human physiology, giving due prominence to those points which have the most intimate bearing on medical practice. We must not omit to mention that the illustrations are nearly all original, and are of high merit; and that the whole getting up of the book does great credit to the American press."

FOREIGN INTELLIGENCE.

Castration for Radical Cure of Epilepsy.—A novel operation has been performed in London for the radical cure of epilepsy in the male—viz. castration. The case, as may be supposed, has excited both in and out of the profession some interest, and much surprise; and it has been in consequence fully detailed to the Medico-Chirurgical Society by the operator, Mr. Holthouse. We shall at present only briefly allude here to one or two of the most prominent points. We may say at once that both the voice of the profession, and the results of the case, unmistakably forbid a repetition of the operation. The man, as a *castrato*, suffers from fits just as he suffered from them before he was emasculated. The precedents—the reputed successful operations in this kind—came from Tennessee, Missouri, and the backwoods of America. No doubt, these cases may be perfectly correct, but they come from too far off to satisfy the sceptical minds of a modern European medical audience. Mr. Holthouse considered that the man's yearnings to be rid of his testicles were the legitimate reasonings of a sensible and consequent mind; but most other persons who came across the individual seem to have regarded him as of defective intelligence—in fact, as decidedly a monomaniac. He assuredly was an excellent patient, in that he readily submitted to any and every kind of treatment suggested. He had visited hospitals in France, Germany, England, and America. He had been dosed with nitrate of silver until he was permanently blackened; and had swallowed vast quan-

tities of other irremediable agents. Mr. Acton inquired why his urethra had not been cauterized *à la Lallemand*. More attention, however, had been paid to his laryngeal than his urethral passage, for his larynx had been well cauterized by Dr. Horace Green—of course for the cure of his epilepsy; and this failing, he came to England to have his trachea opened under Dr. Marshall Hall. But the trachea was not touched; and he then fell back on the testicle operation, which, by the way, had also been recommended to him in America. Failing to get his wishes for the removal of his imaginative encumbrances gratified in St. Thomas's Hospital, he removed to the Westminster Hospital, and there attained their accomplishment. Though he has gained nothing, and lost much, by the operation, he is, as we are informed by Mr. Coote, very happy in St. Bartholomew's Hospital, where he may be seen any day promenading about, apparently proud of his singular condition.—*Med. Times and Gaz.*, March 26, 1859.

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Chromate of Potash in Warts.—M. Blaschko recommends the following formula as one of certain operation, even in very old standing and inveterate warts: Chromate, gr. 1½; lard, ʒi.—M., to be rubbed in night and morning.—*L'Union Méd.*, 1859.

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Collodion in Onyxis.—M. Larrey treats this affection, which is very common in the military hospitals, by interposing a few shreds of charpie, wetted with collodion, between the nail and the fleshy projection. The collodion on drying becomes agglutinated to the parts upon which it is applied, and presses down the fungoid growth most effectually. It adheres for three or four days, and is then replaced by a similar dressing. The application causes a little pain at the time, but its action is certain, and in this way simple onyxis is often cured in three weeks.—*Moniteur des Hôp.*, 1859, No. 30.

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Bismuth Snuff in Coryza.—M. Monneret, we are told by the *Revue de Thérop.*, has established the services of subnitrate of bismuth in acute coryza, and Dr. Sobrier has lately shown that by the addition of iodide of sulphur to it, a cure for chronic coryza is obtained. The following is his formula: Subnitrate of bismuth, 4 parts; liquorice powder, 8 parts; iodide of sulphur, 30 parts. Of this compound the patient is to take ten or twelve pinches in the day, according to their effect.—*Med. Times and Gaz.*, April 2, 1859.

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Death from Chloroform.—A patient, aged about 60, was admitted under the care of M. Maisonneuve, when it was found on examination that he was suffering from dislocation of the hip-joint. With a view to its reduction, chloroform was administered, but only so partially that the patient could hardly be said to have been under its influence. The efforts used were, as may be supposed from the nature of the accident, somewhat of a violent kind. Twenty minutes after he had ceased to respire the fumes of the chloroform, symptoms of cerebral congestion supervened, which in due course terminated in death. M. Maisonneuve is decidedly of opinion that the death was not due to the anæsthetic, but to the cerebral congestion, and that this state of brain he believed had been induced solely by the violent efforts demanded in the reduction of the dislocated limb.—*Med. Times and Gaz.*, April 9, 1859.

—

Death from Chloroform.—The young Princess Windischgrätz, we are told by a Vienna journal, has been accidentally poisoned by chloroform, having inhaled too strong a dose for the relief of a headache, to which she was liable.

—

Professor Faraday on Schönbein's Ozone and Antozone.—Schonbein has been led to the belief that oxygen can exist in a third state, as far removed by its properties from ordinary oxygen in the one direction as ozone is in the other; and therefore, in a certain sense, antagonistic to ozone. This substance he names antozone, and believes that it also enters into combination, retaining, for the time, its special properties. Hence there is not merely ozone and antozone, but also ozonide and antozonide compounds. Thus, permanganic acid, chromic acid, peroxides of manganese, lead, cobalt, nickel, bismuth, silver, etc., form a list of bodies containing more or less of ozone in combination; and the characters of ozone, and of these bodies because of the ozone in them, is that they are electro-negative to the antozonides, *i. e.* as copper to zinc; they

evolve chlorine from chlorides; they cannot generate peroxide of hydrogen; and they render blue the precipitated tincture of guaiacum. On the other hand, oxywater and the peroxides of potassium, sodium, barium, strontium, and calcium, form a list of substances containing antozone. These bodies are electro-positive to the former; they cannot evolve chlorine from hydrochloric acid, or the chlorides; they evolve the peroxide of hydrogen when treated either by oxy-acids or even the hydrochloric acid, and they not only do not render blue the white precipitated guaiacum, but they restore that which has been rendered blue by ozone to the white or colourless condition. Now, when two ozonides or two antozonides are put together, with the addition of water or an indifferent acid, they mingle, but do not act on each other; but if one body from each list be associated in like manner, they mutually act, oxygen is evolved from both, and ordinary oxygen is set free; or rather, as Schönbein believes, ozone separates from one body, and antozone from the other; and these uniting, produce the intermediate or neutral oxygen. Thénard, who discovered the peroxide of hydrogen, showed that the peroxide of silver, when brought into contact with it, not only caused the separation of part of the oxygen of the fluid, but also itself lost oxygen, that element leaving both bodies, and appearing in the gaseous state. As to the independent existence of oxygen in these two new and antithetical states, ozone has been so obtained, *i. e.* out of combination, and independent of any other body; but antozone has not as yet afforded this proof of its possible separate condition. Oxywater is the compound in which it seems nearest to a free condition. As Schönbein's view includes the idea that oxygen in these two states can retain their peculiar properties when out of combination, and have them conferred otherwise than by combination, and as ozone does fulfil these conditions, and does exist in the independent state, so it is important that antozone should be pursued by experiment until it gives a like result. In relation to this subject the view of Mr. Brodie should be referred to, respecting the condition of certain elements at the moment of chemical change, on which he published a paper in the Phil. Trans. for 1850, p. 759, and another in the Chemical Society's Journal in 1855. He assumed oxygen as capable of existing in two states; the particles being polarized to each other by the action of associated particles, and for the moment in the relation of oxygen and hydrogen to each other; he also made many numerical experiments for the purpose of obtaining the equivalent action of the oxygens assumed to be in these opposed polar states.—*Med. Times and Gaz.*, April 6, 1859.

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Re-establishment of the Chair of History of Medicine at the Faculty of Medicine at Paris.—This chair, which some time since was suppressed, has upon the recommendation of a great majority of the Faculty, when consulted by the minister of public instruction, been re-established, the eloquent pleading of M. Malgaigne had much influence on this excellent decision. It was also decided not to recommend the establishment of chairs for specialities.—*Ibid.*

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Imperial Academy of Warsaw.—Dr. Ludovich Hirschfield, late Chef de Clinique of the Hôtel Dieu of Paris, has been recently appointed Professor of Anatomy at the Imperial Academy of Warsaw, Conseiller d'Etat, and a nobleman of the fourth order of nobility. This appointment marks a new era opening for the Jews of Russia, as no Jew before his time has ever been permitted to hold office there. The Jewish Chronicle adds that, several months ago the same post was offered to Dr. Hirschfield, provided he would embrace the Greek religion, but he refused to accept it on such terms. He now receives the chair on his own terms.—*Ibid.*

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Brutality of Masters of Vessels.—Some slight idea of the brutality exercised by masters of vessels towards their crew may be gathered from the fact, that in Liverpool alone, during twelve months ending June, 1858, upwards of 150 patients from merchant vessels were admitted into the Northern Hospital at Liverpool, whose sufferings, in every case, were the results of maltreatment at the hands of their officers. As the law now stands, a captain has unlimited, and almost irresponsible, power over his crew; while the slightest act of indiscretion on the part of the crew is visited with the most severe punishment.—*Med. Times and Gaz.*, March 26, 1859.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Inguinal Hernia in a Young Girl.—A well formed, tolerably stout girl, aged only 8, applied among the out-patients at Guy's Hospital the other day, under the care of Mr. Bryant, with an inguinal hernia. As this form of rupture is very rare in women, and we believe especially so in young ones, the case seems noteworthy. There was no doubt about the diagnosis. The inguinal canal was large, and so freely open that it easily admitted the forefinger. The protrusion was as large as a walnut, and was readily reduced. It was on the right side, and had first been noticed about a month before. No special cause for it was assigned; but the girl, although in other respects well, had for a long time suffered from a bad cough. A truss was ordered; and it is intended, we believe, to have a cast of the parts taken.—*Med. Times and Gaz.*, June 4, 1859.

Large Scrotal Hernia containing the entire Cæcum.—A rarity in the way of hernial tumours came under the care of Mr. Bryant at Guy's Hospital. A young man was admitted with a very large scrotal hernia. It was as big as a child's head, and had been strangulated seven hours. There had been a tendency to protrusion for seven years past. The symptoms were most acute, and vigorous attempts at reduction had been made prior to the man's admission. After a gentle endeavour to effect the taxis under the influence of chloroform, Mr. Bryant proceeded to the operation. It was found impossible to release the stricture without opening the sac. The latter measure having been adopted, between three and four feet of intestine were exposed, including the whole of the cæcum and its appendix. The

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cæcum was quite loose, and with it was a part of the commencement of the colon. The bowels acted about ten hours afterwards, and the man then seemed in a hopeful state. Symptoms of acute peritonitis, however, developed themselves, and he sank on the third day. The coils of intestine were found at the autopsy glued together by recently effused lymph, and the parts which had been in the sac were intensely congested.—*Ibid.*

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Persistent Strangulated Hernia after apparent Reduction; Operation; Recovery.—The cases of reduction of hernia *en masse* are of rare occurrence, although the contingency is one which is always prominently discussed in classical treatises, and which should never be lost sight of in applying the taxis. In a case under Mr. Coulson's care in the Blomfield ward of St. Mary's Hospital, which we lately examined, symptoms of strangulation continued after the disappearance of the tumour, under taxis, and when it was thought by the house-surgeon that satisfactory reduction had been effected by manipulation of the tumour in the hot bath. Vomiting, constipation of the bowels, and tenderness of the abdomen persisting during the day in an increasing scale, Mr. Coulson was summoned to the patient. He considered that a portion of the bowel was still in the inguinal canal, unreduced; and determined to cut down and open the canal. At the extreme end of the passage a portion of bowel was found constricted, the stricture being at the internal ring. This was divided, and the bowel returned. The patient progressed uninterruptedly towards convalescence, and has had no bad symptoms. He has now recovered.—*Lancet*, April 23, 1859.

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Trephining the Tibia for long-continued Pain.—The use of the trephine as a means of relief in cases wherein long-continued and deep-seated pain exists in some one of the bones—most generally the tibia—is an operation now, we may say, of common occurrence at most of our hospitals. Whatever the actual cause of the pain may be, this proceeding effects a cure in nine cases out of ten. Usually the suspected cause of the pain is a circumscribed abscess in the bone, around which, not unfrequently, the compact substance is not only of ivory hardness, but is sometimes hypertrophied. An abscess is not, however, always found, but the removal of a piece of bone would seem to relieve the apparent tension in that structure.

At Guy's Hospital on the 26th ultimo, Mr. Cock applied a small trephine to the upper part of the right tibia of a woman, aged thirty-five, who lately entered the hospital for the purpose of having her leg amputated to relieve the extreme suffering which she had endured for three years, originating in a blow on her shin. A constant deep-seated pain was referable to a particular spot, which could be covered by the tip of the finger. There was no enlargement of the bone, nor periostitis, nor evidence of necrosis, nor pain on pressure over other parts of the tibia. The poor woman was almost worn out with suffering, and had been submitted to every variety of treatment in vain. The trephine came upon the central cavity of the tibia, which contained no sequestrum, nor any abscess. The bone was more compact and seemed to be thicker than natural. Mr. Cock has found the same treatment answer in other cases, and we have no doubt, when suppuration becomes freely established, the pain in this instance will disappear.

In Lazarus ward of the same hospital is a man, twenty-nine years of age, who received a kick from a horse on his right shin eleven years ago, which was followed by inflammation and the formation of an abscess in the bone. He was recently admitted under Mr. Birkett's care. The leg was very much swollen, and there was a small fistula, through which, though barely admitting a fine probe, rough bone could be felt. Mr. Birkett trephined over this spot, one inch below the tubercle, on the 12th ult., and removed a very large, thick, and compact piece of bone, which exhibited to view the cavity of the original abscess, containing no sequestrum, but lined, as usual, with a fine velvety membrane. The opening is now filling up with healthy granulations, and a perfect cure will probably result from the course of treatment which has been pursued.—*Ibid.*, May 14, 1859.

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Neuralgia of the Sciatic Nerve, from a Fatty Tumour, cured by removal of the latter.—We were shown on the 10th instant, in the Charing-cross Hospital, a patient under Mr. Hancock's care, whose case is a very instructive one. The patient, a stout, well-

developed man of fifty-three years of age, residing near Windsor, has been subject to sciatica of the right side, as was supposed, for the last three or four years. He has undergone a variety of treatment, at the hands of numerous medical practitioners, without experiencing the least relief. Galvanism was persevered in uninterruptedly for twelve months, and the patient was told that a swelling present at the seat of pain was nothing but wind. He then drank the mineral-waters at Bath for a short time, without any benefit; and at last he was persuaded to come into this hospital, which he did on the 12th April. On examination, Mr. Hancock found a tumour situated behind the trochanter of the femur, which he pronounced to be adipose, pressing on the great ischiatic nerve, and thus giving rise to the pain so long complained of. It was removed on the 16th April, and was found to be as large as a hen's egg, much flattened, fatty (as diagnosed), and embracing the nerve in question. The result of this treatment has been the disappearance of the neuralgia; the patient has regained his powers of progression, which had been seriously impaired; his general health has become good, and his aspect is cheerful and contented. He will shortly leave the hospital.

In the treatment of any case of sciatica, the course of the affected nerve is generally examined, and if there be evidence of the pressure of a tumour upon the nerve, then a palpable cause for the pain is made out. The diagnosis will be materially assisted also by observing whether the pain becomes increased or diminished by pressure; and if it should be ascertained that the tumour is not neuromatous, the course to be pursued is clear enough, and will be followed by such results as were obtained in Mr. Hancock's patient.—*Ibid.*, May 21, 1859.

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Bright's Disease and Stone in the Bladder.—There can be no doubt whatever, that the mortality in many cases of lithotomy is due to disease of the kidneys, which has not been suspected before the operation, because the urine has escaped chemical examination, or because the symptoms referable to the presence of the calculus have either masked those dependent upon the renal disease, or were themselves the result of it. A surgeon will hesitate to cut for stone when he finds the urine distinctly albuminous, and of a low specific gravity. If circumstances permit, he will make choice of lithotrity, with much less risk of mischief. An instance in illustration occurred on the 19th of April at the Westminster Hospital, in a man, thirty-eight years of age, who was a patient under Mr. Holt's care. He had been the subject of stricture for many years, and was lately operated upon with the dilator, and three strictures were split up, which was followed by the passage of three small urinary calculi by the urethra. On the present occasion chloroform was given by Dr. Anstie, and a stone, the size of a walnut, was partly crushed by Mr. Holt, who expressed his intention of repeating the operation until it was completely got rid of. The operator stated that the urine had been carefully examined, and was found to be albuminous, else he should at once have resorted to lithotomy. The patient is the subject of torticollis, besides the affections indicated above.—*Ibid.*

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Fibro-nucleated Tumour on the Abdomen.—An instance of this rare form of growth came under our observation, at St. Mary's Hospital, on the 6th of April, in a man forty-seven years of age, who was a patient under Mr. Coulson's care. It was about the size of an orange, somewhat flattened, with a thin, cutaneous covering, and of a deep crimson colour; it had just commenced to ulcerate, and was situated below and to the right of the umbilicus. It has been growing slowly for the past two years, but the patient states that he has had a mark in that part of his abdomen ever since he can remember. Mr. Coulson removed it on this occasion under chloroform, and stated that he believed it to be epithelial cancer; but a careful examination of its histological elements made afterwards by Mr. Walter Coulson, pathologist to the hospital, unmistakably showed it to be that rare form of growth, fibro-nucleated tumour—one which occupies an intermediate position between innocent and malignant. This is the third specimen we have seen removed from the surface of the abdomen, each presenting a striking resemblance to one another.

This form of tumour was first described by Dr. Hughes Bennett, and is dwelt upon by Mr. Paget in his work on Tumours. Illustrations of its ultimate elements are given by both. Mr. Paget believes a near affinity will yet be proved between it and the recurrent fibroid disease, because the general

characters of the tumour in question are repetitions of the recurrent fibroid. As we have mentioned on previous occasions, there are no means of diagnosing this tumour unless by the aid of the microscope. We were led to believe, however, that the growth in Mr. Coulson's patient was of this character from the striking resemblance it bore to those in the two patients whose cases we have previously recorded.—*Ibid.*

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Phlebolites and Varix.—The occurrence of phlebolites is well known to arise from the degeneration of coagula in varicose veins; they may occupy various situations, and occasionally they co-exist with varix in the same limb. Amongst the great number of cases of enlarged and tortuous veins which come under notice at the various hospitals, it is not unusual to meet with phlebolites. A well-marked instance presented itself, on the 20th of April, at University College Hospital, in a woman, aged fifty-six years, from Lewisham, who had a varicose ulcer situated at the inner side of her left leg and ankle. The calf of this leg was very extensively affected by varix, which had, however, undergone a partial spontaneous cure, from the fact of a considerable number of the tortuosities being filled by hard, oval substances, of variable size, some being three-quarters of an inch in length, which proved to be vein-stones. Notwithstanding this, however, a number of veins still maintained their diseased condition, and were treated by subcutaneous ligature in three places above the ulcer, as Mr. Erichsen is in the habit of doing. This has been followed by good results up to the present time. The patient has been the subject of the present disease for twenty-eight years, ever since the birth of her first child.

Vein-stones are composed principally of phosphate and carbonate of lime, with some animal matter. Sometimes they cause much inconvenience, and require to be removed. Their usual situation is in the saphena vein, or some of its branches, in connection with varicose enlargement, as in the patient we have just referred to; but the smaller vessels, such as the spermatic, vaginal, uterine, vesical, hæmorrhoidal, and even the splenic, when diseased, generally contains them.—*Ibid.*, May 14.

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Bead Sutures in Hare-Lip.—Mr. Brooke is in the habit of employing, at the Westminster Hospital, bead sutures in hare-lip, to prevent the formation of a small notch which sometimes remains, especially when the fissure has extended into the nostril. When we state that their application is upon the principle of the quill suture, it will be readily understood how they are used. On the 13th April he treated a case of hare-lip in an infant three months old, which was situated to the left of the mesial line, employing pins for the general fissure, but the beads for the floor of the nostril, which were quite successful in bringing the parts in the latter situation in complete apposition. He has employed the bead sutures in cleft palate and other malformations with equal success.

We may observe that the bead sutures of Mr. Brooke are analogous to the button sutures of Mr. Wood, of the Gloucester Hospital, and to the shot sutures employed by Drs. Bozeman and Sims.

At the Westminster Hospital, as at King's College Hospital, Hainsby's apparatus is in common use for most of the cases of hare-lip submitted to operation: it consists of a semicircular spring, padded at both extremities, which presses gently upon the cheeks and pushes each towards the seat of fissure, and thus relieves the strain upon the needles or sutures at the site of the operation.—*Ibid.*

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CLINICAL LECTURES.

Practical Clinical Remarks on Particular Forms of Renal Dropsy.—Delivered at Westminster Hospital. By W. R. Basham, M. D., Physician to the Hospital. *The Identity of Scarlatinal Dropsy and Acute Morbus Brightii.*

Gentlemen—Epidemic diseases scarcely differ more from each other than does the same epidemic disease differ in intensity and destructiveness at the various periods of its return.

This remark is specially applicable to scarlet fever. In some years all, or the majority of cases, exhibit mild and favourable symptoms. A slight febrile disturbance, with sore-throat, is followed by a diffuse scarlet rash, which gradually pervades the whole body; and, fading on the sixth or seventh day, leaves the cuticle to desquamate, and the patient to a rapid con-

valescence. Of this simple form of the epidemic, Sydenham has truly said that it deserves little more than the name of a disease, and that the patient is in little danger, but through the officious zeal of the physician. But the characteristics of other epidemics of the malady are very different, and the present visitation, now of more than three months' duration, has been particularly illustrative of the prefatory remark; for the majority of the cases have presented unfavourable, not to say fatal symptoms, the mortality, according to the Registrar-General's Reports, having been greater than for some years. In the more malignant form of the disease, sore-throat is a very prominent symptom; and it may be doubted whether a great number of the fatal cases recorded as diphtheria have not been scarlatina anginosa, or scarlatina maligna. In the scarlatina anginosa, the sore-throat is the symptom which alone attracts attention; and if the peculiarities of the inflammation be not closely noted, an inattentive observer might view the throat disease as a simple tonsillitis, or be ready, when unfavourable symptoms followed, to classify it under the title of diphtheria.

In the true scarlatinal sore-throat, the tonsils, soft palate, uvula, and back of pharynx, are involved in a diffuse inflammatory redness of a brilliant hue; the tongue, partaking of this elevated colour, and oftentimes being furred, and the enlarged papillæ, elevated in colour, appearing through the similitude to a strawberry has been imagined, and hence "strawberry tongue" has been accepted as the characteristic of this stage of scarlet fever. The throat, however, not only presents an inflammatory redness, but there is considerable tumefaction, sufficient to impede deglutition and speech, and, extending to the external parts, produces swelling of the submaxillary glands, and stiffness and painful distension of the integuments about the throat. Specks or points of ulceration make their appearance on the tonsils, and a viscid, tenacious mucus is formed, which adheres to the parts, and sensibly increases the difficulty of deglutition. This viscid secretion may be mistaken for the croupous pellicle which is formed in diphtheria; the specks of ulceration discoverable beneath this viscid mucus will, however, distinguish the scarlatinal from the diphtheritic inflammation. The eruption comes on late and imperfectly, and may be, and is, often overlooked. Within ten days or a fortnight, the urine becomes scanty, dark-coloured, and albuminous. In many, the presence of blood is unmistakable; in others, the urine acquires but a dirty or sooty appearance. This condition of the urine will, I believe, if any doubt remains, distinguish the scarlatinal from the diphtheritic disease. By some writers in the weekly medical journals the urine in diphtheria has been described as albuminous. But, with every respect for these communications, I should venture to classify the disease as scarlatina rather than diphtheria. It is this evidence of the disordered state of the renal organs which constitutes the element of danger in these cases, and which eventually leads to the development of the most unmanageable of all the forms of albuminuria—acute morbus Brightii.

It is a singular fact, that the activity of the renal disorder bears no proportion to the apparent intensity of the original febrile poison. For it may be said that inversely as the manifestation of the symptoms of scarlet fever, is the susceptibility to the renal disorder; for the more highly developed the scarlet rash, the more complete will be the proof of the elimination from the blood of the febrile poison; and the less characteristic the rash, the more certain that the poison lurks in the system, unheeded and undestroyed, and eventually to implicate the kidneys in a disorder fatal in proportion to the tardiness with which it is recognized. In this type of cases, the eruption is slow to show itself; and in place of a diffuse efflorescence, it occurs in patches, far less intense in colour than in the simpler and milder form of the disease. The constitutional disturbance is oftentimes great; but cases are frequently met with, where, ultimately, a fatal termination by renal disease takes place, in which the primary disorder was not marked by any symptoms of urgency. The patient appears to convalesce favourably, but, slowly and insidiously, evidence of lurking mischief becomes apparent. In some cases there may be symptoms of a secondary fever about the fourteenth day from the date of the sore-throat, some restlessness, loss of appetite, and chilliness. But these symptoms are sometimes wanting, or so feebly pronounced as to be unnoticed. Frequency of micturition, scanty, dark-coloured urine, and a puffiness

of the face, may be, and often are, the first symptoms noticed by the patient. General anasarca of the surface follows, with a pallor so peculiar, of such alabaster whiteness and purity, as to become almost a specific feature of the disease.

Frances G———, aged nineteen, was admitted into Queen Adelaide ward, on the 10th of November, suffering from general dropsy of the surface of the body. There was œdema of the face, arms, wrists, and back of the hands, as well as of the trunk and lower extremities. The swollen state of the face usually subsided as the day advanced. There was the usual pallor of the skin. There was some dyspnœa, with occasional cough and trifling expectoration of catarrhal mucus. The urine had been very scanty, and micturition distressingly frequent: during the night, the desire to pass urine occurred every hour, and the rest was consequently much disturbed. The urine had a cloudy, dirty, soot-like appearance, was highly albuminous, threw down a copious, coarse deposit, and exhibited under the microscope blood-corpuscles, coarse, granular, fibrinous flakes, containing blood-disks; large, fibrinous blood-casts, many large granule cells, and some scattered renal epithelial cells. She complained of a sense of fulness and aching across the lumbar region, and pain was excited by pressure over the region of each kidney. The chest was resonant; some catarrhal wheezing was heard in the large tubes. The sounds of the heart were natural. She stated that four weeks since she suffered from sore-throat, at a time when scarlet fever prevailed in the house in which she lived; that her voice and power of swallowing were affected; but that she had no distinct eruption on the skin; but was told she had, and was treated for, scarlet fever. As near as she can remember, a fortnight after the sore-throat, she noticed that her urine became very scanty, and of a dark-red colour, as if it contained blood. The catamenia had not appeared for the last six months. In a few days she became conscious of a swelling in her face after sleep, and subsequently the hands, arms, feet, and ankles became anasarcous. She was ordered a warm bath daily, the compound jalap powder every morning, a diaphoretic mixture every four hours, and to be clothed in flannel.

On the following day, she was dry-cupped across the loins, which, with the above treatment, diminished the sooty appearance of the urine; and in two days, the quantity of urine had considerably increased.

A week after admission, the dropsy had completely disappeared. The urine was clear, specific gravity 1018, and albuminous. The deposit, examined by the microscope, consisted of dense fibrinous casts, some blood-casts, a few scattered blood-corpuscles; very little epithelium was visible, and no epithelial casts could be seen. She was ordered the sequichloride of iron, and an improved diet. But this treatment appeared to have been commenced too early, for on the 25th of November there was a return of hæmaturia, which, however, disappeared by the loss of a few ounces of blood from the loins by cupping.

On November 30th she again began to improve; there was no return of œdema, although the urine continued highly albuminous.

On Dec. 4th the urinary sediment first gave warning of the unfavourable change which was commencing in the cell structure of the tubes, notwithstanding the disappearance for a time of the dropsy, and the apparent improvement in the general condition of the patient. The urinary sediment had been examined every two or three days since admission, and up to this date it consisted of fibrinous casts, large, coarse granular casts, containing a few blood-corpuscles and a few scattered epithelial cells; but no epithelial casts, or free shedding of the epithelium, which is often observed in the dropsy after scarlet fever. But now the casts were becoming transparent, containing large compound granule cells, some exudation corpuscles approaching in character to the pus cell, and a few epithelial cells; and some of the casts contained numerous resplendent granules—the disengaged nuclei of disintegrated epithelial cells. Two days later the casts became still more transparent or hyaline, with an increased number of exudative corpuscles with reniform and trefoiled nuclei. The epithelial cells did not present any characteristics of fatty or abortive development. On the 11th of December, the anasarca of the surface again made its appearance. The urine became less abundant. Purgatives were again beneficially employed. The sesquichloride of iron was again taken, and for a few days another interval of improvement, so far as the diminution of the anasarca was accepted

as a sign, was apparent. But the urinary sediment became more abundant. Large, solid moulds of fibrin, the greater part containing no cell-structure, many hyaline moulds, containing large, compound granule cells, and many free nuclei, indicated that the disease was progressing most unfavourably. On the evening of the 27th of December, she became very restless; and on the morning of the 28th, suddenly calling for assistance, she almost instantly became insensible. The jaws became locked; there was some rigidity of the extremities; the pupils were dilated; but there was neither convulsive movement, nor stertor, nor foaming at the mouth. The respiratory movements gradually became slower and less apparent, and she ceased to breathe, without any movement or spasm, at eleven A. M.

Post-mortem examination twenty-eight hours after.—The external surface of the body was but slightly anasarcous. The pleural and abdominal cavities contained a small quantity of orange-coloured serum. The lungs were free from pleuritic adhesions, but were slightly œdematous. The heart was large; it weighed thirteen ounces and a half; there were several maculæ albidæ both on its anterior and posterior surfaces; the cavities of the heart, as well as the valves, were natural. The liver was healthy. The left kidney was the larger of the two: it weighed seven ounces and a half; it was irregular in shape, considerably lobulated above and below, very convex anteriorly, somewhat flattened posteriorly. The capsule was semi-adherent, and when removed, the kidney displayed a finely granular (sabulous) surface, pale in colour, with a few stellar vessels scattered over it. The interior, on a section being made, displayed the usual fine granular exudation infiltrating the whole structure, fraying out the base of the cones, and contrasting in colour with the pale red striated appearance of this pyramidal portion of the organ. The right kidney weighed five ounces and three-quarters; the cones were more deeply injected than the other kidney, but in other respects the morbid conditions were similar, the disease not having advanced to the same point, one kidney being usually behind the other in progress.

A careful microscopic examination of these kidneys was made. The white deposit surrounding the cones, and constituting the mass of the disease, was composed of abortive cells, imbedded in what appeared to be a fine granular exudation. This granular matter pervaded the whole organ, and was principally interstitial in regard to its relation to the tubes, as but little tubular structure could be discovered in it. The Malpighian bodies, however, appeared stuffed with this exudation, and the few tubes which were teazed out of the deposit, appeared blocked up with it. The epithelial cells along the walls of the tubes, at the base of the cones, appeared undisturbed, but compressed by the contents of the canal. The straight tubes at the apex of the cones were free open canals, the epithelium presenting a natural appearance; but here and there a large straight tube was observed choked with fibrinous coagula, of a brownish-yellow colour.

This case illustrates two important facts in the pathology of the kidneys. First, the relation which scarlatinal dropsy bears to acute morbus Brightii; and secondly, the character of the structural changes which at first impede, and ultimately destroy, the function of the kidney.

. It was at one time doubted whether the renal disorder after scarlet fever had anything in common with those forms of disease described by the late lamented Dr. Bright, which the concurrent opinion of European pathologists now designates as morbus Brightii. It scarcely required the genius of a Rokitansky to identify them; yet that great pathologist has not hesitated to recognize in scarlet fever one of the most energetic causes of the acute form of Bright's disease. The symptoms during life are the same, and a microscopic examination of the renal structures establishes the identity of the morbid process beyond all objection. The student in clinical medicine should carefully observe and compare the progress of the symptoms in a case analogous to the present one in its origin, and one which has apparently arisen from exposure to cold and wet, and which is rapidly running an acute course. Frequent examination of the urinary sediment in both cases will exhibit the similarity of the matters thrown off from the renal tubes, and the identity of the changes proceeding in them; and a comparison of the structural changes in the kidney after death will complete the proof. In both, the kidneys will be beyond the natural weight, large, pale, and exsangui-

ous, with a few scattered, star-like, vascular points. The cones will present a remarkable contrast of colour to the surrounding deposit, varying from a pale pinkish madder, to a deeper tone of madder red; they display the linear markings of the straight tubes frayed out at the base, fancifully compared to a sheaf of corn.

Microscopically examined, the whole structure of the organ, tubular as well as interstitial, is seen infiltrated with a product which fills and chokes the tubes, obliterates the Malpighian capillaries, permeates the interstitial plexus of vessels, and eventually offers such an obstacle to the course of the blood and circulation through the kidneys as to bring within limits incompatible with life the excretory power of these organs. The mode of death, in both cases, is clearly traceable to this cause; for, in the great majority, the patients die with symptoms referable to a poisonous agency operating upon the nervous centres, and coma, with or without convulsive movements, is usually the indication of the fatal termination by uræmic poisoning.

As the renal disorder which succeeds to scarlet fever is identical with the acute form of morbus Brightii, it follows that the principles on which these cases should be treated must be the same. They may be summed up in a few words: To lessen the watery or dropsical state of the blood, and to diminish the local blood stasis in the kidneys. The first is obtained by acting briskly on the intestinal track of mucous surface, by which a large amount of fluid is rapidly eliminated from the system. The second object is secured by calling into activity the functions of the skin by diaphoretics, warm clothing, and warm or hot-air baths. The functions of the skin are vicarious of those of the kidney, and whatever augments the first lessens the activity of the latter. The congestion of the kidneys is further alleviated by dry-cupping, and occasionally by abstracting blood by cupping from the loins; but the cases are exceptional which will require the abstraction of blood. If these objects can be successfully attained—indicated by the disappearance of the dropsy and the absence of blood from the urine—no time should be lost in placing the organism in a condition to regain those qualities and powers, the loss of which are most plainly manifested by the impoverished state of the blood. Amongst medicinal remedies, the ferruginous are the most essential; and amongst these, the tincture of the sesquichloride of iron is the most valuable and efficacious. But chalybeates are useless without a well-ordered diet. Nutrition must, therefore, be promoted, and it may be aided by a limited allowance of wine. Our best-directed efforts are, however, often frustrated by the intensity of the disease and rapidity of its progress. And this case furnishes an example of the fatality of this disorder, notwithstanding the favourable results which remedies seemed to produce; but it also teaches the value of microscopic examination of the urinary sediment from time to time: and we are taught that by a careful attention to its revelations the insidious progress of the disorder may be demonstrated and recorded even while the progress of the patient, in all other respects, appears to continue satisfactory.—*Lancet*, March 12, 1859.

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Practical Clinical Remarks on Excision of the Knee-joint. Delivered at St. Thomas's Hospital. By Samuel Solly, surgeon to the Hospital.—The subject to which I wish to call your attention to-day is one which is now exciting very general interest in the profession—namely, excision of the knee-joint. When this operation was re-introduced by Mr. Fergusson in 1830, I confess I was very incredulous as to its value. I thought that those cases that would be cured by excision might be cured without it. I had had, as you have heard me say before, several cases of apparently hopeless disease of this joint arrested by the repeated use of the moxa externally and cod-liver oil within; a good firm anchylosis being the result. On the other hand, I have had cases of ulceration of the cartilages which have been carried off by phthisis during the progress of a local cure. But we have yet no proof that either excision or amputation would have averted such an untoward result.

The facts, however, that have converted me to the belief that excision of the knee-joint is not merely admissible in many cases, but that it is decidedly desirable, are—first, the time occupied in procuring a perfect cure by anchylosis, which ranges from two to four years in all adults; secondly, that even in the most favourable cases there is great tendency to a recurrence of the disease; and, thirdly, that the statistics of the cases already published show that the opera-

tion is not so fatal as amputation of the thigh.

With regard to the statistics of this operation, you will find some valuable information in a paper in No. II. of "Guy's Hospital Reports," page 275, published April, 1836, by Mr. Blackburn, who was a dresser of Mr. Key's. He says: "The honour of originating the operation as it is now performed, of basing it on sound surgical principles, and of showing its applicability to several of the large articulations, is unquestionably due to Mr. Henry Park, of Liverpool." In a note, he says, "I am the more anxious to make this statement, because Mr. Syme and M. Velpeau have thought right to treat very slightingly Mr. Park's merits. The pamphlet in which this gentleman proposes the operation evinces a candid, reflecting, and enterprising mind. The circumstance of his not having had the opportunity of carrying his ideas extensively into practice will weigh little with those who can appreciate the sound arguments by which the proposal is supported. The foresight which predicts the results of an untried measure evinces higher talent than the industry which collects together the evidence of experience. Mr. Park's honour as a man, and skill as a surgeon, are still proverbial in the scene of his former labours." "This gentleman," continues Mr. Blackburn, "after long reflection and many experiments, was led to believe the operation admissible, and in 1781 performed it on the knee-joint with entire success."

I must not, however, be tempted to quote more from Mr. Blackburn, though I shall avail myself of his labours. The poor fellow is no more, and, judging from this paper, his death has been a loss to the profession, while the intellect it displays and the knowledge it contains reflect great credit on the school of Guy's Hospital, where he was educated.

Mr. Park, of Liverpool, with that modesty which so often attends real talent, did not publish his case directly to the profession, but wrote a letter to Perceval Pott, of St. Bartholomew's—a name well known to you, if from nothing else, from the term "Pott's fracture." This letter was subsequently published by Dr. James Jeffrey, Professor of Anatomy and Surgery in the University of Glasgow, in 1806, with cases by Moreau, of Paris.

His patient was a strong Scotch sailor, aged thirty-three, having suffered for ten years from disease of the knee-joint. The leg was partially anchylosed at a right angle. The slightest attempt to move the leg gave him exquisite pain. "This poor man's sufferings, which had been some time great, were daily increasing, and his health declining in such a degree, that he began to beg to have the limb taken off." This Mr. Park declined, at the same time proposing excision; though, as he says, "I rather wished to make the first attempt on the elbow." Mr. Park excised the knee-joint on the 2d of July, 1781. "The quantity of bone was somewhat, though not much, more than two inches of the femur, and of the tibia rather more than one inch, which were but just enough to enable me to bring the leg into a right line with the thigh, the previous contraction of the flexor muscles being such as to keep the two sawn ends of bone in contact."

The case was not managed after the operation in the simple way that is pursued in the present day, and a good deal of constitutional disturbance ensued, with a foul, sloughy sore. Yet, notwithstanding a severe fall, which occurred about seven months after the operation, by which the union was disturbed, he was able to walk about and bear the whole weight of his body on this limb at the end of twelve months from the date of the operation. "This man," says Mr. Park, "afterwards made several voyages to sea, in which he was able to go aloft with considerable agility, and to perform all the duties of a seaman. He was twice shipwrecked, and suffered from hardships, without feeling any farther complaint in that limb, and was at last unfortunately drowned by the overturning of a flat in the Mersey."

Mr. Park's second case was unsuccessful, but it was not well selected. The publication of Mr. Park's cases elicited the fact that about twenty years previously Mr. Filkin, of Northwich, had performed this operation with perfect success; but, unlike surgeons of the present day, he hid his light under a bushel. In this case, his modesty or indolence, as regards writing, deprived the profession of a valuable fact. Now, let this be a lesson to you, my young friends, to keep records of all your more important cases when you get into practice. I do not want you to rush into the other extreme, of publishing every trivial case that occurs

to you, without ascertaining whether there is any real novelty in it or not.

M. Moreau, of Paris, was the first surgeon who followed Mr. Park's example. His cases were published by his son. He operated on the 17th of September, 1792. "At the end of the third month the consolidation of the bones was such that I left the limb at liberty in bed; the patient moved it about at his pleasure," says this celebrated surgeon, but afterwards is obliged to record that his patient was carried off by dysentery; very fairly adding, "This unfortunate accident deprived me of the pleasure of enjoying the fruits of my cure; but I remained convinced of the utility of the operation, and persuaded of the propriety and necessity of performing it in similar cases. I looked upon my patient as cured, for I had no relapse to dread. M. Moreau's second case was unsuccessful; his third recovered with a useful limb.

From Mr. Blackburn, to whose paper I have already referred, I learn that in 1809, Mülder operated unsuccessfully. This brings us to cases 8 and 9, operated on by Crampton, of Dublin, one only being successful. Cases 10 and 11 were Mr. Syme's; one was successful, the other fatal. On all these cases Mr. Blackburn makes the following remarks: "Facts like these require little comment. Of eleven operations, five have entirely failed; one partially, and in the remaining five, though life was preserved, the recoveries were long and tedious. With whatever truth the results of the fatal cases may be assigned to accidental causes, it must be remembered that these accidental causes apply equally to any other operation; and in forming an estimate, it would be unjust to make an exception to the rule which classes all cases not followed by recovery as instances of failure. The excision of the knee-joint is, therefore, a measure against which experience strongly militates."

The operation was now abandoned by the profession for twenty years. The observations of Mr. Blackburn, I have no doubt, made the London surgeons hesitate; and the fact that Mr. Syme, who took up so warmly excision of the elbow-joint, objected to excision of the knee, of course carried great weight with the profession. Fortunately for humanity, and the onward progress of conservative surgery, Mr. Fergusson had the courage to undertake it in 1850. He was quickly followed by Mr. Jones, of Jersey, Mr. Page, of Carlisle, and Mr. Mackenzie. I must not detain you, in a clinical lecture like this, by further statistical details; but refer you to the excellent monograph of Mr. Butcher, of Dublin; the records of cases in his own practice by Mr. Humphry, of Cambridge, in the *Medico-Chirurgical Transactions*, and Mr. Price's scattered observations in *The Lancet*. In Mr. Butcher's first table of cases occurring between July, 1850, and December, 1854, there are thirty-one, of which only five proved fatal. In his next table, from December, 1854, to December, 1856, he records fifty-one cases, with only nine deaths. This proportion of deaths compared very favourably with those from amputations of the thigh, which, as far as our records go to the present time, are seldom less than one in three.

Mr. Humphry, surgeon to Addenbrooke Hospital, Cambridge, has published, in the *Medico-Chirurgical Transactions* for 1858, an account of thirteen cases, in which he excised the knee joint. The whole paper is very instructive, and well worthy perusal. Of these thirteen cases, one died, as I believe, from the effect of previous disease; in four, amputation was necessary; in the remaining eight, a useful limb was preserved.

At this hospital—St. Thomas's—we are indebted to our senior surgeon, Mr. South, for its introduction into our operating-theatre. The success which attended him has encouraged others to follow his example. He has had six cases, with only one death following immediately upon the operation. This was in a female, who lived fourteen days. In another case, death followed, but as the patient lived ten months, the operation cannot be considered the cause. The particulars of these cases will be published at some future time by Mr. South himself. Mr. Clark has also had two cases, the first eminently successful, and the second progressing favourably. I have had three cases; the first was not well selected, as the poor fellow died of rapid phthisis. As far as the operation was concerned, it was encouraging. He experienced immediate relief, and from a state of great suffering was removed to one of comparative ease. The wound was nearly healed at the time of his death, and anchylosis partly completed.

Case 2.—Edward P——, aged six, of strumous diathesis, admitted Jan. 15, 1859,

with ulceration of the cartilages of the knee-joint, and partial dislocation backwards of the tibia. He has been ill for four years, and during that period was in the hospital three times. He attributes his first illness to an injury of the joint. About a fortnight after the injury he says that the knee began to swell, and he was then admitted to the hospital. An abscess formed and burst, and he partially recovered. He left the hospital, and the leg then became contracted. The abscess formed again twice afterwards, and on each occasion he was admitted to the hospital. On this his last admission, there was a large sinus on the outer aspect, which discharged pus. An abscess again formed, and on Tuesday, Feb. 9, I excised the knee-joint. (Prior to this period his health had been much improved by good diet and cod-liver oil.) On cutting into the joint, there was found to be a very firm and partially bony anchylosis, which I was obliged to saw through before I could remove the articular ends of the bones. Owing to the contraction of the tendons, it was found necessary to remove about one inch of femur before the leg could be straightened; this was, however, done, and the leg was then placed on a McIntyre splint made with only a narrow sliding bar at the back of the knee-joint, so that it could be dressed without removing the splint. The flap was fastened by means of sutures and adhesive plaster. Ordered five minims of the tincture of opium, as occasion may require; also eggs, two ounces of wine, a chop, and a pint of porter. He slept well for four nights with the sedative draught, after which it was not found necessary to continue it.

Feb. 10. The wound is clean; there has been no hemorrhage; appetite good; bowels open.

11*th.* All irritation has subsided; his tongue is clean; bowels open; pulse regular, and he is not in pain.

12*th.* The wound beginning to suppurate; the sutures were removed in the evening of this day, and warm water dressing applied.

14*th.* Wound healthy, suppurating, and causes no pain; the bandaging was renewed to-day. His appetite, as usual, is good, and he is quite cheerful.

16*th.* Improving rapidly; the wound is going on well. In fact, the boy has not had a single bad symptom, and on March 1st the wound had nearly healed, and there was considerable bony union.

March 14*th.* Wound healed all but one little spot; enjoys perfect health.

Case 3.—Joseph R——, aged eight, admitted Jan. 8, 1859, with ulceration of the cartilages of the knee-joint, and also an abscess within the joint. He states that eleven months before his admission he received an injury to the knee. It then began to swell; but no abscess formed at this time. He could not walk, nor bear any percussion on the heel. The leg remained in a semi-flexed position. On admission there was an abscess in the joint pointing at the inner and lower part, which opened. He, however, got worse and hectic; the knee was excessively painful; his countenance indicated great suffering; his expression was very anxious, and he screamed if you even approached his leg with your hand. Several consultations were held as to the course to be adopted; and, on March 5, I excised the joint with the approbation of my colleagues. There was extensive ulceration of the cartilages, and large quantities of false membrane in the joint. The abscess had burrowed up the thigh, but the bone was not bare, nor was there any evidence of necrosis. I therefore proceeded with the operation. The leg was placed on a McIntyre modified splint, as in the above case of Edward P——, and the wound closed by sutures and rollers. Warm-water dressing was then applied. Ordered, wine, four ounces; porter, a pint; eggs, chop, cod-liver oil; and tincture of opium, ten minims, immediately.

March 6. Slept well; tongue clean; no pain. The wound looks quiet. There has been no hemorrhage. Bowels open; pulse regular; appetite good; has lost all hectic symptoms.

7*th.* Progressing favourably. The cod-liver oil causes sickness and diarrhœa, and cannot be taken. Otherwise the boy is quite well. He has a good appetite, and is in no pain.

8*th.* Going on well. Eats, drinks, and sleeps well.

10*th.* Progressing favourably; the wound suppurating; no pain.

11*th.* Sutures were taken out to-day; the wound has healed nearly all round.

13*th.* Progressing most favourably; in fact, he lost all his bad symptoms at the

time of the operation, and has never had a recurrence of them since.

15*th*. Quite well in health; the wound nearly healed.

Such, then, gentlemen, is the progress of these cases up to the present time. It is now especially that I feel called upon to direct your attention to this important subject. These cases are in progress, and you may watch them for yourselves. Nothing, up to the present time, can be more satisfactory, but we cannot consider them as cured. "There is many a slip between the cup and the lip," and it may yet be my duty to report an unfavourable termination, though at present all is *couleur de rose*, and I have no reason to anticipate an unfavourable result.

In the second case, that of Joseph R——, I was afraid of the condition of the thigh bone, from the burrowing of the abscess under the rectus, and took care to obtain the permission of the father of the child, who is a porter at the Great Northern Railway, to convert my operation into an amputation of the thigh, if I found in the progress of it that such a proceeding was necessary.

With regard to the manner in which this operation should be performed, I must say a few words. First and foremost, take care and have your splint prepared beforehand—an iron splint, with a thigh-piece to reach just to the edge of the buttock, fitting well, when padded, to the posterior surface of the thigh, with an open space behind the knee-joint; then fitting, again, well to the calf, with another open space for the heel, to rest on a piece of linen drawn tight across the opening; and a foot-piece which can be shifted. All the padding must be covered with some thin waterproof material, such as gutta percha. Several of the early cases were, I believe, lost from want of attention to the proper and careful adaptation of the limb in the first instance.

The bones should not press much upon each other, but touch gently; sufficiently in apposition to induce bony union, but not sufficient to produce constitutional irritation. Mr. Syme, who has been one of the great opponents of this operation, lost his second case apparently from want of attention to these rules. On the sixth day after the operation, he was obliged to cut away two inches more of the femur, and his patient died on the eighth.

Your first incision is to extend in a semilunar direction right across the front of the joint, from one condyle to the other, just below the patella. The curve must be slight; the commencing points parallel, and well over the condyles. This incision should be made firmly, boldly, and quickly, right into the joint. This flap is to be dissected upwards with the patella, thus completely exposing the surface of the condyles. In some cases this is easily done; not so in others, where anchylosis has commenced. The crucial ligaments, if not destroyed, are now exposed, and what remains must be divided carefully on a director, otherwise your knife might slip further than you intended, and, to your great horror, enter the popliteal artery and vein. If your first incision were well carried back on to the condyles, their articulating surfaces are now completely exposed for the use of the saw. This saw should be Butcher's; I mean Butcher, of Dublin, not a butcher's saw, as the theatre porter seems to think, from the instrument he has given me. This saw of Mr. Butcher's is one of the most perfect tools I ever worked with. The safest plan is to commence from behind, and to carry it forward over the rounded extremity of the femur till you reach the edge of its articulating surface in front. In this way, and by the assistance of this saw, you remove only a thin slice, including all the diseased articulating cartilages, but without shortening the bone to an inconvenient extent. In like manner remove a slice from the head of the tibia, though of course here your cut will be simply flat, at right angles to the shaft of the bone. This part of the operation is very greatly facilitated by your assistant forcibly flexing the leg, and pushing the head of the tibia well upwards and forwards. The patella must next engage your attention. The articulating surface, whether diseased or not, must be removed by the saw, unless you decide to remove the whole bone, which latter proceeding is strongly recommended by some operators of great experience. Hitherto I have left it, but in my next operation I shall remove it. I have not had any proof that it retards the healing process, but I am told by those who have operated more frequently than I have that it does so, and that it does not add to the strength of the limb. Having completed your saw cuts, examine the cut surfaces, and observe carefully whether you have re-

moved all the diseased bone, and whether you have opened a sequestral or carious cavity. In the former case, I need hardly say, you must remove the sequestrum; and in the latter, you may use the gouge, to scoop out any carious bone that the saw has left behind. I have advised your only removing a *thin* slice from both femur and tibia to prevent shortening of the limb. This is the rule; the exception occurs when, from long-continued contraction of the flexors, you have a difficulty in straightening the limb, in which case you must again have recourse to the saw, as the bones should not be pressed *forcibly* against each other. I have seen no inconvenience from slight pressure.

The operation seldom gives rise to much hemorrhage. One or two arteries are all that usually require ligature. But all that bleed freely must be secured, as secondary hemorrhage has, in more cases than one, been apparently the indirect cause of a fatal result. Four or five sutures are usually required. Roll the thigh to the splint with a firm linen roller as far as the knee; leave this uncovered; roll the leg in like manner below, and the foot to the foot-piece. Use no side splints.

All this must be done before your patient is removed from the operating table; and, if done without dawdling—I do not mean with indecent haste—it will be concluded almost before your patient has recovered from the chloroform.

There is no point which has struck me more forcibly in these operations than the great relief from pain which, after a few hours' smarting, they afford to the patient. I usually give a dose of opium about three hours after its completion, and frequently no more is required. Mr. Humphry, of Cambridge, objects to the use of opiates after operations in general. My own experience in a London hospital is decidedly in favour of their use.

I think that all of you who have watched my last two cases must have been struck with the vast improvement in the countenances of the two little fellows since their diseased joints have been cut out. There is no longer that anxious and distressing expression which was always present previously. Their faces are now bright and cheerful, the colour is returning to their cheeks, and, instead of treating me to tears, they always welcome me with a smile.

In conclusion, let me recommend you, gentlemen, to give this important subject your most careful consideration. Watch for yourselves all the cases that occur in this hospital. Take the opportunity of seeing all you can in other hospitals; for I am sure that you will invariably, in the present day, meet with the courtesy which I hope you all show to strangers when they visit us. Do not be guided in your selection of this operation by the *ipse dixit* of any man, but take all the evidence, all the practical evidence, which is offered *pro* and *con*, by those who have had the most experience.—*Lancet*, April 2, 1859.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Modern Vagaries and Quackeries.—Hydropathy, Mesmerism, Chronothermalism, the Negative System, the System of Raspail, Homœopathy, Isopathy, Kinesipathy, Perkinism, Odylism, Electro-Biology. *Isopathy's* author was a veterinary surgeon, one Lue; it is a bastard of Homœopathy. To cure a phthisical patient, you dose him with expectorated tubercle. *Kinesipathy* comes from Sweden, and was begotten by a poet, Ling: it did wonders there under the protection of Retzius. It pretended to cure diseases by scientific gymnastic manœuvres. Here is a prescription for opacity of the cornea: pressure on the supra-orbitar region, 23 a day; passive rotation of the head, 7 or 8 a day; friction along the course of the longitudinal sinus; active rotation of the lower extremities; percussion on the feet with wooden cylinders, to be continued for 14 weeks! *Odylism* is mesmerism set to another key; it takes in astrology, magic, sorcery, divination: its phenomena are not presided over by Satan, as was thought in the *dark ages*, says Richenbach; but they are due to a special force, Odyle. We need not further waste our time. Mesmerism, etc., we are, unfortunately, only too well acquainted with.—*Med. Times and Gaz.*, May 14, 1859.

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Charlatanism—The Black Doctor.—M. Pidoux is represented as having exclaimed on Tuesday last, in the Salle des "pas perdus" of the Académie de Médecine, "I am ashamed of being a doctor." This excla-

mation was called forth by the elaborate report which M. Velpeau had just presented to the Academy on the subject of M. Vriès, the so-called famous black doctor, whose name M. Pidoux considered as unworthy of being pronounced within the precints of so sacred an edifice. Sterne says, "they manage these things differently in France." On this side of the channel we may exclaim, "they manage things differently in England," for assuredly this black doctor never did gain such a footing there as he has succeeding in acquiring here. It seems to us that M. Velpeau, with all due deference to him, has ended exactly where he should have begun; for had he convoked a meeting of his medical brethren previously to his having opened the doors of "La Charité" to this man he might have learned that he (Vriès) was far from being a stranger, and that certain experiments which he had been permitted to make at the Cancer Hospital in London, and at the St. Louis Hospital in Paris, had all been attended with negative results. We stated some weeks ago that M. Velpeau had caused twelve cancer patients to be placed under the care of Vriès. These cases we have carefully and conscientiously watched, and we perfectly agree with M. Velpeau, that not the slightest amendment has taken place in any one of them. One has already gone to her last home, and others are rapidly following. M. Velpeau, considering it highly reprehensible to continue this state of things, and finding that his wards, usually so quiet and well-regulated, had latterly become the resort of the idle and the curious (many of the visitors having been non-professional), and that scenes undignified and indecorous were of frequent occurrence, resolved, if possible, to put an end to it. Having drawn up a report containing an exact account of the condition of each patient, he called a meeting at the hospital yesterday week, consisting, besides himself, of M. Manec, the Director of the Hospital, the "internes," and a few medical men who happened to be in the wards at the time. To this meeting the black doctor was invited. M. Velpeau then proceeded to read his report, the correctness of which was admitted by M. Vriès. Velpeau requested him to sign it, but Vriès refused on the ground that six months was the time agreed on between them, and that only a third of that period had elapsed. Then, said M. Velpeau, if at the end of the stipulated time, these patients, not one of whom has up to this moment shown any symptom of amelioration, be not cured, will you (M. Vriès) admit that you have been labouring under an error, and that you are not in possession of a specific for the cure of cancer? No, replied Vriès, for if I cannot effect cures in the hospital, I can do so out of it, and for this reason I refuse to sign any such paper. M. Velpeau, seeing that at the expiration of the six months the case would be precisely in the same position, and believing, moreover, that Vriès' object was simply to gain time, so as to allow him undisturbed to speculate on the credulity of the public, he resolved to terminate the affair with all possible speed. Velpeau's position was a difficult one, and it became a nice question how best to get out of it. On the other hand, he wished to keep his word with Vriès by according him the time originally agreed on for the completion of his experiments, although fully convinced that the whole affair was but a hoax; while on the other hand, he was quite alive to the fact that he had subjected himself to the censure of many of his brethren, first, for having so readily opened his wards to this individual, of whose antecedents he knew literally nothing; and, secondly, for permitting him to continue his connection with "La Charité," in the face of many assertions that he was a notorious impostor, and an unprincipled charlatan. On Tuesday, M. Velpeau brought the case before the Academy, and there made a full exposé of the motives which had actuated him throughout the entire affair. The reasons he assigned in justification of his having admitted Vriès into his wards were as follows: "1st. Not believing a thing does not imply that it is absolutely false; besides, I should be so very happy were such a discovery as the quinine of cancer to be made, that, to those who speak of such a thing to me, I am always disposed to say, '*voyons*.' 2d. Not being able to affirm or deny that which I do not know, I require to see and judge for myself in a place where no deception can be practised, in order that I may be in a condition to reply on full conviction to the questions which are constantly being put to me. The trial has been made, and for the following reasons I characterize M. Vriès' pretended power to cure cancer as nothing short of a gross delusion: 1st. Because M. Vriès has not cured any of the cancerous

patients who have been confided to him, whether in London, in the Hôpital St. Louis, at La Charité, or in his private practice, and that his treatment has not, in the least degree, retarded the usual progress of the disease in any one case. 2dly. Because the composition of a remedy, which should always be the same if regarded in the light of a specific, has frequently varied in the hands of its pretended discoverer. In India, the remedy he employed was applied to the sores in the form of cataplasm; in England it consisted, as proved by Mr. Weedon Cook, of aloes and iodine; in Paris it is an inert vegetable powder mixed with nitre or alum, in the form of pills, together with powders of arrowroot, sugar, and camphor. 3dly. Because M. Vriès has no idea of the nature of cancer, nor of the manner in which a patient should be examined. 4thly. It does not seem that he has had any medical education, and so self-evident is this, that to him the patients are going on well if they themselves only say so, and if any medical man present doubts the condition, he appeals to the bystanders, albeit non-professional, to decide the point; and he has been heard to say with the greatest assurance at the bedside of a moribund in the last stage of cancer, 'This patient is going on well; six months hence, gentlemen, you will all adopt my method.' 5thly. Because if a remark be made to him that certain patients whom he promised to cure are dead, he replies, 'Why, I am not God Almighty; I cannot prevent death.' 6th. There is nothing but contradiction in all he advances; for example, at one time he states that an amelioration in all cases under treatment, is preceded by a crisis, while he at another time declares, in the columns of non-medical journals, that all the patients in La Charité are improving, and that certain of them are in the way of cure, and yet no crisis has been observed in any one of them." After adding several other reasons of a minor description, M. Velpeau ends by a declaration to the effect "that Vriès has not found the specific for the cure of cancer; that he has never cured a true case of cancer, and, what is more, that he never will cure one with the treatment which he employs.

At the conclusion of this report, M. Davenne, "Directeur de l'Assistance Publique," rose and stated that he felt bound, after so explicit a statement from so competent authority as M. Velpeau, to relieve himself of the responsibility of allowing Vriès to continue to practise on the hospital patients, and in consequence, the doors of "La Charité" would for the future be closed on him. The Academy resolved unanimously that copies of M. Velpeau's report should be forwarded to the Ministers of Justice and of Public Instruction, respectively, we presume, as the first step towards the suppression of a system of imposture and deceit which has already too long been permitted to exist under the apparent sanction of authority. It remains now to be seen what course the government authorities will pursue. Their position is not only difficult, but also exceedingly delicate. Vriès is at this moment practising under the special permission of the Chief of the State himself, while the "Académie de Médecine" has just formally and distinctly declared that in exercising the profession of medicine in France, Vriès is acting in direct contravention of the very laws which they have acted on for years past, and which, on more than one occasion, they have rigidly enforced in cases where the parties prosecuted had certainly a far greater claim to their indulgence than has the present notorious character. So far as the profession is concerned, Velpeau's able report, and the unanimous decision of the Academy of Medicine are conclusive; but has the notoriety of these proceedings been of a nature to enlighten the public, and put it on its guard against the deception which is being practised on it? This we fear is doubtful. Perhaps "they have but scotched the snake, not killed it." We have seen and heard of many quacks, but the man in question out-quacks them all. It is just possible that, if driven from France, this *rara avis* may one day turn up in England either as the bearer of some new specific in medicine, or, it may be, as the emissary of the prophet Ezekiel with whom, according to a pamphlet published by him some four years ago, he has held frequent intercourse in visions, touching the establishment of a new and universal religion, which was to destroy all schism and blend in the most perfect harmony and concord the creeds of all opposing sects.—*Med. Times and Gaz.*, April 9, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—We take pleasure in giving publicity to the following circular prepared by the committee appointed by the convention of medical schools, held in Louisville on the second Monday in May last; and which explains the course of action which that committee have agreed to present for the adoption of the convention at its meeting next year at New Haven:—

"A Committee was appointed at the meeting of the Convention of the Medical Schools of the United States, held in Louisville, Ky., on Monday, the second day of May, 1859, to consider the matters brought before the Convention, so as to propose a definite course of action at the adjourned meeting of the Convention to be held in New Haven, Ct., on Monday, the fourth day of June, Anno Domini 1860.

"At a meeting of this Committee, held in Louisville, soon after their appointment, it was unanimously agreed upon to propose the adoption, by the Convention of Medical Schools, of a rule, requiring from every candidate for the degree of Doctor in Medicine, certificates of attendance on two full courses of lectures, at a regularly organized medical school, and of the study of medicine during a period of at least three full years, under the direction of a regular practitioner of medicine, who shall certify to the same under his own hand.

"It was proposed, also, that a resolution be passed, that any school which does not adopt and enforce this rule shall not be allowed to send delegates to the Convention of Medical Schools, nor to the American Medical Association, and that its graduates shall not be recognized as regular practitioners of medicine.

"It was thought advisable to recognize the deficiency in preparatory education on the part of many who offer themselves as students of medicine, and that all practitioners of medicine, as well as all professors, should be exhorted to do all in their power to impress upon those wishing to study medicine, the importance and great advantage of intellectual and moral discipline and culture, as well as of a good knowledge of their own mother tongue and of some acquaintance with the Latin language, and with the elementary truths of mathematics and physics.

"The members of the Committee have undertaken to put themselves in communication with all the regularly organized medical schools in the United States. The undersigned is charged with asking the attention of the faculty of which you are a member, to the subject-matter of this communication, and with soliciting an expression of your opinions and views."

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National Association of Dentists.—Impressed with the belief that a National Association of Dentists, composed of delegates from State, county, and local societies and dental colleges would be calculated to promote the best interests of the profession, a call has been signed by a number of dentists residing in different States, inviting the dental societies and colleges throughout the country to elect delegates to meet in convention at the Falls of Niagara on the first Wednesday of August, 1859, for the purpose of forming, if the assembled delegates shall deem it expedient, a National Association upon a representative basis. It is proposed that each dental society, State, county, and local, be represented in the organization by one member for every five composing such body, and that each dental college be represented by one of its faculty.

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Medical Classes, Session of 1858–1859.—

Medical College of Ohio	139
Oglethorpe Medical College	51
New Orleans School of Medicine	164
University of Nashville	436
University Med. College, N. York	350
University of Louisiana	333
College of Phys. and Surg., N. York	180
University of Michigan	143
Harvard University	139
University of Vermont	80
Medical School of Maine	50
Medical College of Virginia	70

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Medical Graduates in 1859.

Medical College of Ohio	32
Oglethorpe Medical College	13
New Orleans School of Medicine	36
University of Nashville	103
University of Louisiana	97
Harvard University	30
Rush Medical College	31
University of Vermont	20
Albany Medical College	48
Dartmouth Medical College	9

Louisville Medical Gazette.—The publication of this journal has been suspended.

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Obituary Record.—Died, at Montgomery, Al., on the 4th of March, in the — year of his age, Wm. M. Boling, M. D.

—— in Philadelphia, on the 4th of May, Henry Bond, M. D., in the 70th year of his age.

—— in Cleveland, Ohio, April 24th, H. A. Ackley, M. D., aged 49. Formerly Professor of Surgery in Cleveland Medical College, and an operator of considerable skill.

—— in Philadelphia, on the 8th June, Benj. S. Janney, M. D., aged 69 years.

FOREIGN INTELLIGENCE.

Death from Chloroform.—On Tuesday last another death from chloroform occurred at the Royal Ophthalmic Hospital. The patient, a healthy-looking girl of 15, was about to be operated on for strabismus. She inhaled the anæsthetic without any unusual symptoms until nearly insensible, when she uttered a sudden and very peculiar shriek. After this she soon became quite insensible; the speculum was introduced, and the operator commenced. The chloroform had been administered on a piece of folded linen, and the time and quantity consumed in the inhalation had both been about the average (neither had been measured). Soon after the first snip with the scissors the operator's attention was called to the lividity of the girl's countenance, and on the finger being applied to the wrist she was found to be quite pulseless. Mr. Critchett had already forced open her mouth and dragged the tongue forwards. Artificial respiration was at once commenced, and without any intermission was kept up for about an hour. For a long time sanguine hopes were entertained that she would recover, as slight gasping efforts at inspiration continued to occur at intervals. The pulse, however, never returned, and at length it became apparent that she was quite dead. Movements of the nostrils, as if in the attempt to inspire, were apparent for at least half an hour after the pulse had ceased. A brandy enema was given almost immediately after the first symptoms occurred, and it was then found that the sphincter ani was quite relaxed. Mr. Critchett, Mr. Bowman, Mr. Hulke, and a large staff of assistants were present, and everything that was thought desirable in the way of treatment was effected with the utmost efficiency and promptitude. The following day a post-mortem examination of the body took place. Dr. Bäden, who conducted it, informs us that the most noticeable lesion met with, was the presence of air in considerable quantity in the right chambers of the heart. The left side of the heart was empty, but the right contained a small quantity of spumous and fluid blood, with probably not less than two ounces of gas. In the lungs were numerous spots of apoplectic extravasation, probably caused by the very efficient manner in which artificial respiration had been kept up. There was no organic disease in the body. The uterine organs showed that menstruation (for the first time) was just about to be established. —*Med. Times and Gaz.*, June 4, 1854.

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Chloroform.—M. Baudens, in his account of the Campaign in the East, asserts, that although chloroform had been employed 30,000 times in the French army there, no fatal accident had ever resulted from its use. Dr. Rizet, of the Chasseurs, denies this. Two deaths occurred under his own observation; one at the Hospital Ramitchifflick, and another at Gulhane. This denial clearly takes away all value from M. Baudens' statement.—*Ibid.*, May 7, 1859.

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Galvanism in the Treatment of Disease.—The Paris correspondent of the *Medical Times and Gazette*, under date of April 18, writes as follows:—

"Of late, in the wards of M. Briquet, at the 'Hôpital La Charité,' we have observed with some interest the effects of galvanism in the treatment of disease, and have been so favourably impressed with a sense of its value in certain cases, that, in lieu of anything better, we purpose making a few remarks on the subject. The employment of electricity as a therapeutic agent in the treatment of disease, which not many years ago was regarded in the light of empiricism, and confined principally to charlatans and would-be miracle-workers, is now recognized by this able physician, as well as by several other leading members of the profession in this metropolis. In almost every hospital are to be found one or two individu-

als whose duty it is to receive the instructions of the physicians as to what particular muscle, series of muscles, or nerves, are to be subjected to its influence; and at the termination of the visit these parties are to be seen at work as regularly as is the cupper or ordinary dresser. This revival of galvanism is probably owing, in a great measure, to the high degree of perfection which has been attained in its application. Among the individuals who have contributed mainly to the accomplishment of this end, we may mention M. Duchenne, of Boulogne, whose name has been so often and so prominently before the public of late, and whose views and practice have become so widely adopted. The method which M. Duchenne employs he styles Faradisation, from the name of the well-known discoverer of this peculiar source of electricity, known to the scientific world as 'electricity by induction.' According to this method, the electric fluid can be directed to different parts of the system, even to internal organs, without in the slightest degree interfering with the integrity of the skin. By the peculiar management and manipulation of the extremities of the electric poles—that is to say, by attaching to them sponges, or metallic brushes, in a dry or in a moist state—the electric current can be confined to the skin, producing thereon simply a tickling sensation, or a keen burning sensation, according to the will of the operator. Again, by a modification of the apparatus, the skin can be traversed, without its being in the least degree excited, and the electric action can be concentrated in a muscle, or bundle of muscular fibres, or in a nerve, or series of nerves, as may be desired.

"A great number of carefully conducted experiments, which M. Duchenne has made known to the world in a scientific form, have enabled him to arrive at these highly important results. Thus, for example, he found that if the skin and the extremities of the poles applied to it were all perfectly free from moisture, and the epidermis thick, as is often the case in individuals whose trade or profession exposes them to the contact of the air, the two electric currents proceeding from the apparatus produce their peculiar action on the surface of the epidermis, without penetrating the skin proper. Again, if at the two points of the skin to which the extremities of the poles are applied, the one extremity be moistened, while the other is applied in a dry state, the individual subjected to the experiment will complain of a superficial sensation evidently cutaneous. It happens thus: the two currents, namely, the positive and the negative, produce their peculiar effect at the point to which the dry pole is applied, but only after having traversed the entire thickness of the skin through the medium of the moistened pole. Lastly, if the skin and the extremities of the poles are all rendered very moist, neither sparks, nor crepitation, nor burning sensation, is observed; but, on the contrary, phenomena of contractility or of sensibility, of various kinds, are engendered, according as it is a muscle, a bundle of muscular fibres, or a nerve or plexus of nerves, which happens to be acted on. M. Briquet, to whom we have already alluded, is, perhaps, one of the most zealous partisans of this form of electrization, and he employs it in a great variety of diseases affecting the muscular and nervous systems. From the marked success which we have observed to follow its application in his hands, in the different forms of hysteria, rheumatic pains of a chronic kind, in certain kinds of paralysis, and in some of the forms of chorea, we are induced to think that Faradisation is fairly entitled to more consideration, as a therapeutical agent, than is generally accorded to it. A few weeks ago, a woman of about 27 years of age, suffering from suspended menstruation, of several years' standing, was admitted into the ward of M. Briquet. She was affected with anæsthesia of a considerable portion of the skin of the back, on the left side of the spine, complicated with complete aphonia. She expressed her feelings in a whisper which was scarcely audible. Naturally, she was much alarmed at the loss of her voice, and thought that if it were but restored all would be well. The promise, on the part of the physician, that this most desirable result would most certainly be brought about if she would but submit to Faradisation, was received with a marked manifestation of joy, mingled, nevertheless, with a certain amount of doubt. To obtain the relief she so ardently desired, she was prepared to submit to any amount of inconvenience and pain, and, accordingly, the apparatus of Morin and Legendre, which is that commonly used by M. Briquet, was immediately prepared, and the operation proceeded with. The electric currents were directed to the muscles and nerves of the

larynx, and in the course of a very few minutes the voice was completely restored. The same treatment, applied to the portion of the skin affected with diminished sensibility, aided by the internal use of the valerianate of iron, has already brought about a marked amelioration in every respect, and she is now advancing rapidly towards recovery.

"We have also seen, in the service of the same physician, one or two cases in which rheumatic pains of a violent character and of long standing, in the deep-seated muscles of the back, disappear, as if by enchantment, after one single Faradisation. In a paper recently published by M. Briquet, he alludes to two kinds of muscular rheumatism, affecting the head, and which, from their extreme frequency, are well entitled to special attention. The first is a kind of 'migraine,' to which some writers have given the name of 'Irisalgie.' It chiefly affects persons of sedentary habits, on their going into the open air, or on their exposing themselves to the rays of the sun. First the light causes a painful sensation in their eyes, and, in order to screen, as it were, these organs from the excessive brilliancy, they knit their brows, half close their eyes, and contract the orbiculares palpebrarum and the anterior portion of the occipito-frontalis muscle. A feeling of uneasiness succeeds this permanent contraction, which is soon followed by pain in those muscles. The pain goes on increasing, and becomes intolerable, more especially above the eyes and in the forehead. By and by it extends to both sides of the head, or, in some cases, it affects the one side only, and that one by preference on the eye of which the light has been most felt. The slightest pressure on the above-named muscles causes great pain. Sometimes this is so great as to occasion vomiting and necessitate confinement to bed. All this suffering, M. Briquet affirms, can be relieved in a few minutes by the Faradisation of the affected muscles. The application is as follows: A sponge is attached to each of the wires of the apparatus, and the electric current is made to pass through the muscles for four or five minutes consecutively. In those cases where the migraine is but slight, this operation, which is almost painless, is sufficient. If, however, the affection be very severe, the skin must be Faradised for about two minutes by means of a sponge attached to the end of one wire, and a metallic brush to the other, and instant relief will most assuredly follow. Thus much for the treatment. In order to prevent a recurrence of the affection, the patient must put on green or blue spectacles before going out, so that the light may be softened; he must also be careful not to contract the muscles which surround the orbit. In the course of half an hour the eyes will have become accustomed to the light, and the spectacles may be dispensed with. The second kind of muscular rheumatism to which M. Briquet refers affects also the head. It is very common, and, like the former, is considered (although erroneously) by some as migraine.

"The persons most subject to it are those of a lymphatic temperament. On first getting up in the morning they experience a heaviness in the head, and the movements of the neck are attended with pain; there is also extreme sensibility of the temples, forehead, and regions behind the ears.

"This feeling of uneasiness has a bad effect on the spirits, giving rise to sadness, irritability, and indisposition to physical or intellectual exertion. Although it generally disappears, in part or entirely, after the morning ablutions, still in many cases it remains the entire day; indeed, there are some individuals who are never free from this affection, and who, in consequence, fall into a melancholic and hypochondriacal state. This state of suffering, depending entirely on simple rheumatism of the muscles of the neck (the pain of the head being but sympathetic), may, like the former kind, be relieved instantaneously by Faradisation of the affected muscles; and should this fail to bring relief, Faradisation of the skin must be had recourse to. In every case the electrization must be continued till the pain disappears. This kind of rheumatism, M. Briquet asserts, is engendered by the false position of the head on the pillow during the night, and he recommends that, on going to bed, those who are liable to this affection should so arrange their pillow that it may support the neck, and that the head, instead of being bent forward on the chest, be thrown back; by so doing, the splenius, complexus, and trapezius muscles will no longer be kept on the stretch, and in the morning the head will be free from pain."
—*Med. Times and Gaz.*, April 23, 1859.

The Enteric Juice.—The following are results arrived at after numerous experiments by Professor Busch, of Bonn: 1. Hunger is constituted by two sensations; the first is represented by the nervous system in general, and derived from the impoverished condition of the tissues; the second originates with the nerves of the digestive organs, indicating their emptiness. The former is removed only by the required assimilation of nutritive elements, and not by merely filling the first passages. 2. The peristaltic motion of the intestines takes place with the same power within the abdominal cavity as when exposed to the atmospheric air. Its propelling power equals a column of water twenty-four inches high. 3. The alimentary canal has its periods of rest and action. 4. The quantity of enteric juice secreted is invariably small, and of alkaline reaction. Its percentage of solids averages 5.47. 5. Enteric juice is capable of digesting amylaceous and protein substances. 6. Enteric juice converts starch into grape sugar. 7. Enteric juice prepares protein substances for assimilation under the phenomena of putrescence. 8. Enteric juice leaves cane sugar unchanged. 9. Cane sugar, absorbed as such, is not discharged in the urine. 10. Fat, unless exposed to the action of bile or pancreatic juice, is absorbed either not at all or in insignificant quantity. 11. Food appears between fifteen or thirty minutes after being taken in the superior third of the thin intestine. 12. Solution of cane sugar disappears in part before entering the small intestine; all that enters the latter is converted into grape sugar. 13. Raw albumen taken from hens' eggs is directly absorbed in the stomach and the adjoining portion of the small intestine. All that descends to the lower portion of the latter is unchanged. 14. Gum is not converted into sugar, but remains unchanged. 15. Gelatine is dissolved, and loses thereby its coagulability. 16. Casein remains partly dissolved in the digestive fluids. 17. Fat is entirely emulgated by the digestive fluids when alkaline or neutral, but partially when acid. 18. The digestive liquids of the small intestines possess digestive powers over protein substances. 19. The minimum of all digestive fluids entering the small intestine in the course of twenty-four hours, amounts to more than the seventeenth part of the weight of the body.—*Med. Times and Gaz*, March 26, 1859.

Enlarged tonsils a protection against Croup.—M. Ottenbourg informs the Medical Society of Paris, that observation has led him to the conclusion, that permanent enlargement of the tonsils protects against croup. Children, exposed to the infection of croup, having enlarged tonsils escaped the disease, while others without hypertrophy of these organs contracted croup. This view of the matter has led M. Ottenbourg to this practical result. He advises the parents of children not to allow their enlarged tonsils to be removed.—*Ibid.*, May 21, 1859.

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Solubility of Alkaloids in Chloroform.—This property of the alkaloids, which is one of great importance in a medico-legal point of view, as facilitating toxicological research, has been the subject of further experiments by the eminent chemist, Pettenkofer. He states that 100 parts of chloroform will dissolve 0.57 of morphine, 31 17 of narcotine, 4 31 of cinchonine, 57.47 of quinine, 20.19 of strychnine, 56.70 of brucine, 51.19 of atropine, and 58.49 of veratrine.—*Ibid.*

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Revaccination of the Prussian Army.—The following statement has been published by the Prussian Government, in continuation of those made public annually by it since 1833. During 1858 there were 46,521 soldiers vaccinated or revaccinated, 39,669 exhibiting distinct scars from former vaccination, 4708 having them indistinctly, and 2144 having no cicatrices. The result was regular in 29,390, irregular in 5748, failed in 11,883; total 46,521. On a repetition of the vaccination in the 11,383, in whom no effect had been produced, it succeeded in 30o9 of the number. Of the soldiers successfully revaccinated in this or former years 5 were attacked during 1858 with varicella and 11 with varioloid, but no case of true variola appeared among them. During the year variola prevailed much among the civil population in almost all parts of the monarchy; and the army exhibited also more cases than usual, small in number though these were. Altogether in the whole army there occurred 64 cases of the different forms. Of these 30, viz. 7 cases of varicella, 19 of varioloid, and 4 of true variola, occurred in subjects who had not been revaccinated; 18 cases, viz. 6 of varicella, and 12 of varioloid in those who had been revaccinated but without effect; and 16 cases,

viz. 5 of varicella and 11 of varioloid in soldiers who had been successfully revaccinated. The great bulk of the cases were observed in new recruits. No death from variola took place in *the entire army* during 1858.—*Med. Times and Gaz.*, May 14, 1859.

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Statistics of Yellow Fever at Lisbon in 1857.—From the recent official reports of M. Pirito, it appears that between the 7th of September, when the first patients were received, and the 24th of December, there were received into the hospitals 5161 patients (4043 males, and 1118 females), of which number 1932 (1544 males and 388 females) died. *Age.*—Children were usually spared, so that there were only 31 below the age of 11 attacked, 7 dying; and the Foundling Hospital, in spite of its large population, only furnished 15 patients, 1 only of these dying. Between 11 and 20 years of age there were 1269 victims, and 1734 between 21 and 30; but above sixty there were only 253. Among the adults between 11 and 30 years of age there were 2512 males, and only 491 females; while among those above 60 years of age there were 148 males and 105 females, the proportion of females increasing in infancy, and in advanced age. The liability to the yellow fever decreased at the ages above 30, but the mortality of those attacked increased. It was 22.58 per cent. in children, 29.73 in adults, and 54.94 in the aged. *Constitution* —Strong, robust, vigorous subjects were attacked to the number of 3270 (2443 males, 827 females) but among 643 subjects of feeble, delicate constitution there were 235 females. Of the first category 32.75 per cent., and of the second 42.16 died. *Marriage.*—Of 3486 single persons attacked, 1123 (32 21) died; of 1099 married persons 498 (45.31) died; and of 502 widowed (276 females) 263 (52.43) died. *Occupations.*—Persons pursuing manual and mechanical occupations furnished 3567 cases or 69.09 per cent. Among these were 2200 servants, and 87 nurses or assistants in the hospitals, 574 of the number being women. Of a total mortality of 1286 in these classes, 736 took place among servants, *i. e.*, 32.16 per cent., and only 27.52 per cent. for female servants. *Localities.*—As in other epidemics the worst quarters of the town suffered most, the mortality there rising to 42 and 43 per cent. In several public establishments, as the mendicity, orphans, etc., notwithstanding great crowding, it was slight. *Vaccination.*—The favourable influence of vaccination and variola is shown by the following figures: Of 1192 vaccinated patients, 351 died, and of 2308 non-vaccinated, 894 died. Of 2087 patients who had had variola 635 died, and of 1279 who had not had it, 556. *Duration.* —The mean duration of the sojourn in the hospital was six days. For patients cured it was eight days, a little longer for women than men; and in fatal cases four days, a little longer for men.—*Ibid.*

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Mortality of Children in Russia.—A terrible picture of the mortality of children in Russia is given in a journal called the *Rousky Dnevnik.* Many more than one-half of the children born in that country die in the very earliest period of infancy. One-eighth die between the ages of 5 and 10, and another eighth between 10 and 20; thus, three-fourths perish before reaching mature age. The ignorance and superstition of the lower classes of the people have in many instances a most fatal influence on the management of children.—*Ibid.*

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Preparations for preserving Animal Substances.—Prof. Raddi, Honorary Prof. of Zoology, and formerly one of the Conservators of the Museum at Florence, exhibited to the Royal Medico-Chirurgical Society (May 24) some preparations made by a process which he has discovered. Dr. Brinton stated that those preparations illustrated three processes. The first, showing a specimen so hard and heavy as almost to deserve the name of a petrifaction (the liver, heart, and lungs, attached to each other), was intended for permanent dry preparations, in which the colour and size of the original tissues were completely preserved. The second formed a dry preparation, which, on being moistened, could be dissected as though it were fresh. The third was a process applicable to meats, etc., intended for eating (and therefore devoid of the poisonous ingredients of the two preceding processes); and was illustrated by a piece of cold roast airloin, thus prepared some two or three months ago, and retaining its characteristic colour and smell, though a little shrunken in size. As regarded the latter process, Dr. Brinton regretted that the proverbial proof of its perfectness, it was not at present in his power to give. The Government and va-

rious *savans* intended, he believed, to test its usefulness. Certainly, if it fulfilled its promises, it would not only be much simpler and cheaper than the costly methods of preserving in tins, but would probably avoid that comparatively monotonous sodden flavour which the existing means of preserving meat implied; and flavour, he need not say, was in some sense a test of food, as well as an inducement to eat it. The second process, too, seemed likely to be valuable. But it was by the first that he thought the Society would be most interested. Many teachers of anatomy and medicine (in which term he of course included surgery) must have felt, as he had, the deficiencies of our museums in respect of large dry preparations. In wax, they demanded a high order of talent for their execution; and their costliness was only equalled by their fragility; so that a lecturer scarcely liked to uncover a valuable wax cast from its glass shade, and send it round a large class. Plaster, again, admirably adapted, when coloured, to give a cheap and effective representation of diseased surfaces or limbs, utterly failed to convey the details or relations of internal parts. Avoiding all these faults, Dr. Raddi's method did seem to him (Dr. Brinton) to promise to supply a great desideratum: large pieces of healthy or morbid anatomy perpetuated (rather than represented) with perfect accuracy. How few, for example, were the good, natural skeletons of our London museums! How useless, for accurate teaching, the artificial and distorted thorax of a skeleton, as ordinarily articulated! But Dr. Raddi's process promised to give, not only all the costal cartilages, but all the viscera beneath, with their normal size, shape, and relations. He would only add, that it was Dr. Raddi's wish, he believed, to dispose of his secret, either to a single institution, or to any museums or similar institutions which might combine to purchase it; and that, for its application, a mere immersion of the preparation, without dissection or injection, would suffice.

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Rank and Pay of the Medical Officers in the British Navy.—The following warrant has lately been issued for the future regulation of the rank, pay, &c., of the medical officers of the British Navy:—

"At Buckingham Palace, May 13. Present —The Queen's Most Excellent Majesty in Council.

"Whereas there was this day read at the Board a memorial from the Right Honourable the Lords Commissioners of the Admiralty, dated the 12th of May, 1859, in the words following, viz: Whereas, we have had under our consideration the necessity of assimilating, as far as possible, the relative ranks and rates of pay and half pay of the medical officers of your Majesty's navy and army: And whereas, we are of opinion that it would be for the advantage of your Majesty's service that the following regulations should be adopted for the medical officers of the Royal Navy, viz:—

"1st. That there shall be four grades of medical officers, viz: 1. Inspector-general of hospitals and fleets. 2. Deputy inspector-general of hospitals and fleets. 3. Surgeon, who, after twenty years' service on full pay, ten of which in the rank of surgeon, shall be styled Staff Surgeon. 4. Assistant Surgeon.

"2d. That no candidate shall be admitted to the examination for a commission in the medical department of the Royal Navy who does not possess such a diploma as would qualify a civilian to practise medicine and surgery; and no such candidate shall receive a commission as assistant surgeon until he shall have satisfactorily passed an examination in naval surgery and hygiene before a board of examiners appointed by the Lords Commissioners of the Admiralty.

"3d. That no assistant surgeon shall be eligible for promotion to the rank of surgeon until he shall have passed such examination as the Lords Commissioners of the Admiralty may require, and shall have served on full pay with the commission of assistant surgeon for five years, of which two, at least, shall have been passed on board one of your Majesty's sea-going ships.

"4th. That no surgeon shall be eligible for promotion to the rank of deputy inspector-general of hospitals and fleets until he shall have served ten years in your Majesty's navy on full pay, of which three, at least, must have been passed in one of your Majesty's ships on some one or more foreign stations, with the rank of surgeon.

"5th. That no deputy inspector-general of hospitals and fleets shall be eligible for promotion to the rank of inspector-general until he shall have served five years at home, or three years abroad, in the rank of deputy inspector general. That in cases of emergency, however, or when the good of your Majesty's service may render such alteration desirable, it shall be competent for the

Lords Commissioners of the Admiralty to shorten the several periods of service above mentioned, in such manner as they shall deem fit and expedient.

"6th. That the rates of full pay of the medical officers of your Majesty's navy shall, in future, be in accordance with the following schedule:—

FULL PAY.

RANK.	After 30 years' service on full pay.	After 25 years' service on full pay.	After 20 years' service on full pay.	After 15 years' service on full pay.	After 10 years' service on full pay.	After 5 years' service on full pay.	Under 5 years' service on full pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General of Hospitals and Fleets	2 5 0	2 5 0	2 0 0[1]				
Deputy-Inspector-General of Hospitals and Fleets	1 14 0	1 10 0	1 8 0[1]				
Staff-Surgeon	..	1 5 0	1 2 0				
Surgeon	..	..	..	0 18 0	0 15 0[1]		
Assistant-Surgeon	..	..	..	..	0 13 0	0 11 6	0 10 0

[1] Or on promotion, should these periods of service not have been already completed.

"7th. That every medical officer on the active list, now on half pay, and those who may be placed on it subsequently to the date of your Majesty's Order in Council authorizing this proposal, shall be allowed the half pay to which his period of service on full pay shall entitle him, according to the following schedule:—

HALF PAY.

RANK.	After 30 years' service on full pay.	After 25 years' service on full pay.	After 20 years' service on full pay.	After 15 years' service on full pay.	After 10 years' service on full pay.	After 5 years' service on full pay.	Under 5 years' service on full pay.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Inspector-General of Hospitals and Fleets	1 17 6	1 13 6	1 10 0[1]				
Deputy-Inspector-General of Hospitals and Fleets	1 5 6	1 2 6	1 1 0[1]				
Staff-Surgeon	..	0 18 6	0 16 6				
Surgeon	..	..	..	0 13 6	0 11 0[1]		
Assistant-Surgeon	..	..	..	..	0 10 0	0 8 0	0 6 0

[1] Or on promotion, should these periods of service not have been already completed.

"8th. That with a view to maintain the efficiency of the service, all medical officers of the ranks of staff surgeon, surgeon, and assistant surgeon, shall be placed on the retired list when they shall have attained the age of sixty years; deputy inspectors-general shall be placed on such retired list when they shall have attained the age of sixty five years; and inspectors general when they shall have attained the age of seventy years. Officers thus superannuated shall receive the rates of half pay mentioned in the preceding schedule.

"9th. That the relative rank of the medical officers of your Majesty's navy shall be similar to that conferred upon the medical officers of the army, and shall be as follows:—

"An assistant surgeon shall rank as a lieutenant in the army, according to the date of his commission; and after six years' service on full pay, as a captain in the army, according to the date of the completion of such service.

"A surgeon shall rank as major in the army, according to the date of his commission; and a staff surgeon as lieutenant-colonel, but junior of that rank.

"A deputy inspector-general of hospitals and fleets shall rank as lieutenant-colonel, according to the date of his commission; and after five years' service on full pay as deputy inspector-general, shall rank as colonel, according to the date of completion of such service.

"An inspector-general of hospitals and fleets shall rank as brigadier-general, according to the date of his commission; and

after three years' service on full pay, as inspector-general, shall rank as major-general, according to the date of completion of such service.

"Provided always that no naval medical officer, while borne on the books of one of her Majesty's ships, or employed on establishments on shore, shall be deemed superior in rank to the officer appointed to command such ship or establishment; but such commanding officer shall, under all circumstances, be held to be superior in rank and precedence to every officer under his command.

"10th. That such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel and light, or allowances in their stead, when medical officers of the navy may be employed on shore on joint service with your Majesty's land forces; but that medical officers serving in the fleet shall, notwithstanding the relative rank thus conferred upon them, in all such details, and also in matters relating to the duties of the fleet, and the discipline and interior economy of your Majesty's ships, be subject, as heretofore, to the authority of any executive officer of the military branch while on duty, under the general regulations which may from time to time be prescribed by the Lord High Admiral, or the commissioners for executing the office of Lord High Admiral; and that medical officers shall share prize money according to the proclamation or proclamations which may be in force for the time being, for regulating the distribution of the proceeds of prizes in the Royal Navy.

"11th. That medical officers shall be entitled to the same allowances, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

"12th. That the families of medical officers shall in like manner be entitled to the same allowances as granted to the families of combatant officers holding the same relative ranks.

"13th. That medical officers shall be held entitled to the same honours as other officers of the Royal Navy of equal relative rank.[1]

"14th. That a medical officer retiring after a full pay service of twenty-five years, may, in cases of distinguished service, receive a step of honorary rank, but without increase of half pay.

"15th. That good service pensions shall be awarded to the most meritorious medical officers of the Royal Navy, under such regulations as shall from time to time be determined upon, on the recommendation of the Lord High Admiral, or the commissioners for executing that office.

"16th. That four of the most meritorious medical officers of the Royal Navy shall be named honorary physicians, and four honorary surgeons to your Majesty.

"We do, therefore, most humbly submit that your Majesty will be graciously pleased, by your Order in Council, to grant us the necessary authority for carrying the foregoing regulations into effect; the Lords Commissioners of your Majesty's Treasury having signified their concurrence."

Her Majesty having taken the said memorial into consideration, was pleased, by and with the advice of her Privy Council, to approve of what is therein proposed; and the Right Honourable the Lords Commissioners of the Admiralty are to give the necessary directions herein accordingly. Wm. L. Bathurst.—*Med. Times and Gaz.*, June 4, 1859.

[1] This clause does not extend to the compliments to be paid by garrison or regimental guards, as laid down in pages 29 and 30 of your Majesty's regulations for the army, nor to corresponding honours paid on board your Majesty's ships.

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Extension of Ophthalmological Education.—The Board of Trinity College, Dublin, has recommended its students to take out a course of Ophthalmic Surgery.—The Governors of St. Mark's Hospital, Dublin, in their twelfth report, just published, beg to strengthen Dr. Mackenzie's Memorial on this subject, by expressing their entire concurrence with the principles it advocates.—*Ibid.*, May 7, 1859.

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Obituary Record.—Died, in Paris, on the 13th of April, 1859, from cerebral hemorrhage, M. Begin, president of the Army Medical Board, and one of the most eminent military surgeons of modern times.

—— in Berlin on the 6th of May, Alexander Von Humboldt, the Nestor of German Science.

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HOSPITAL NOTES AND GLEANINGS.

Fracture of the Neck of the Femur; Absence of some of the Usual Symptoms.—We lately examined two cases of fracture of the neck of the femur within the capsular ligament, in the Westminster Hospital, which were chiefly remarkable for the absence of some of the usual signs diagnostic of this form of injury. The first of these was a woman, fifty-seven years of age, who tripped over a mat, and fell on her side. She became quite helpless, and was brought to the Hospital, and placed under Mr. Brooke's care. On careful examination, distinct crepitus was felt within the capsule; there was no shortening nor eversion of the limb, and she had the power of drawing it up in bed. There was no flattening of the hip and no impaction, yet the diagnosis was pretty clear. In two or three days, the limb was two-thirds of an inch shorter; the foot was slightly everted, but she could invert it again, and still draw it up in bed. The limb was put up in a long Liston's splint.

The second case was that of a male patient, aged fifty-five years, and was somewhat similar to the preceding. No shortening of the limb was present; but there were complete eversion of the part, and very indistinct crepitus. The injury seemed to be but a bruise. Seven days afterwards, the limb was examined under chloroform, during which shortening occurred, and very distinct crepitus was heard and felt. No splint was employed in this case, and the patient left the Hospital some nine weeks afterwards, walking lame, with a crutch.

In relation to the absence of shortening which was observable in both cases, it must be remembered that this is no uncommon

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occurrence for the first few days, when the neck is fractured *within* the capsule; and this is mainly due to the (more or less) integrity of the ligament of Weitbrecht. After a while, the shortening becomes more decided, as the ligamental fibres become lacerated from the patient's exertions. A feature of interest was the power possessed by both patients of drawing up their limbs in bed.—*Lancet*, June 18, 1859.

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Non-Descent of the Testis associated with Strangulated Hernia; Operation.—A person in whom one or both testes may not have descended may possibly go through life without being ruptured; but the tendency to rupture in such an individual will always remain. A young man, whose right testicle remained within the abdomen, and who had never suffered from hernia, became suddenly aware of the presence of a tumor in the groin, whilst carrying a weight of 107 pounds. The swelling increased in size, and became very painful, as he bore along this heavy load. He afterwards became sick, and sent for a surgeon, who applied the taxis for an hour and a half without success, after using much force, the tumor at this time not being very large. He was at once taken to St. Bartholomew's Hospital, and was very sick when admitted, the tumor having increased in size. The left testicle only was in the scrotum. His bowels were relieved the day before the accident (June 9th), and he remained quiet till the 11th, when Mr. Lloyd determined at once to reduce the hernia by operation. It was now large and prominent, occupying a considerable space in the right groin. Chloroform having been administered, an attempt was made to divide the stricture at the abdominal ring, external to the sac; but this could not be accomplished. The sac was therefore opened, and out gushed a large piece of soft omentum, much infiltrated with blood, and ecchymosed. The bulk of the tumor, however, consisted of small intestine. The stricture was now divided, and the bowel returned; but a question arose as to what was to be done with the omentum. Mr. Lawrence, Mr. Stanley, and others recommended that it should be cut off, which was done, after applying a ligature around it. Several vessels were tied. On examination, Mr. Lloyd found he had divided the cord of the undescended testis, which had so surrounded the abdominal ring as to appear a portion of the stricture. The testicle itself, however, was not met with.

The prognosis of this case was necessarily serious, from opening the sac, and cutting away the omentum, already in an inflamed state. On the 25th of June the patient was going on very well, not a single untoward symptom having shown itself since the operation; and he will probably recover, notwithstanding the unfavorable prognosis at the time of the reduction of the hernia.—*Lancet*.

—

Relapse in Typhoid Fever from Increased Diet.—Dr. Graves has observed, in his lectures on "Clinical Medicines," that, in the treatment of long fevers, it is important for the physician not to let his patients die of starvation. This is a maxim of too much value to be overlooked; yet, again, he states that great discrimination is required in the choice of food, for, although the patient should not be allowed to starve, it is essential not to run into the opposite extreme; for, if so, the stomach will be overloaded, and serious consequences produced, such as a relapse of the fever, gastro-enteric irritation, or actual inflammation. It is by no means unusual in the treatment of fever, when convalescence has become established, to allow of moderately increased diet with advantage; but sometimes this liberty is abused by the patient himself. A striking instance of this came under our notice at Guy's Hospital on the 21st of June. A man, twenty-four years of age, who was admitted, under Dr. Wilks's care, on the 23d of May, with typhoid fever, accompanied by the characteristic rose-coloured rash, became convalescent; and, although his diet was increased, he carried his feeding beyond what it should have been, and the consequence was a relapse of the fever, with a recurrence of the rash. He is again convalescent, but weak, and is allowed suitable and regulated diet. We have heard some practitioners declare they have gratified their patients with whatever they desired, and in any quantity they pleased. But such practice is to be condemned; and the rational physician will hardly fall into so grave an error. Dr. Graves refers to the case of a young lady who ate some beefsteak, contrary to his orders, at an early period of convalescence from fever. She relapsed almost immedi-

ately, and died of enteritis in thirty-six hours —*Lancet*, July 2d, 1859.

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Wound of the Axillary Artery and Median Nerve from a Fall through a Skylight.—On the 3d inst., a man, thirty-two years of age, fell through a skylight, and severely wounded his right arm, which bled profusely. He was taken to the London Hospital, and admitted under the care of Mr. Adams, who found, on examination, that not only was the axillary artery wounded, but that the median nerve and venæ comites were completely cut across, possibly by the glass of the skylight. He accordingly tied the axillary artery. The man was kept very quiet, and seemed to be progressing favorably till the third day, when traumatic gangrene commenced in the forearm, and was spreading upwards. Under such circumstances, no resource was left but amputation of the arm, which was performed pretty high up, above the seat of injury. Although but a few days had elapsed when we saw the patient, the stump was healing kindly, and we believe he will make a good recovery.

It is well known that traumatic gangrene is truly a constitutional affection, and is attributable to the state of the blood more than to the local injury. In the patient we have just referred to, we think the gangrene was the result of the destruction of nervous power by the division of the median nerve with its accompanying veins; and this view is somewhat strengthened by the fact that he has had no very severe constitutional symptoms —*Lancet*, June 25.

—

Cancer of the Tongue removed by the Ecraseur.—The écraseur has become almost obsolete in London hospital practice. We have ever looked upon its use as an unsurgical proceeding. Like every other novelty, it has had its trial; and it will soon be altogether laid aside, unless in some very exceptional surgical maladies, in which the risk of hemorrhage may again require its aid.

On the 21st of June, a man of about forty-five years of age, with an epithelial cancer on the left side of the tongue, of four months' growth, had it removed in the Westminster Hospital, by Mr. Brooke, by means of this instrument. The cancerous mass was of the size of a walnut. The centre of its base was pierced with a large needle, and the chain of the écraseur drawn through it. The left half of the tumor was very rapidly divided by the instrument, and then the other half, thus taking away the entire disease in one piece, leaving a healthy surface behind. There was not much bleeding, although one or two small vessels required to be tied. The patient was fully under the influence of chloroform whilst undergoing the operation; and since its performance he may be said to have been going on very satisfactorily. Mr. Brooke stated that his reason for using the écraseur in preference to the knife was to avoid the hemorrhage, which would not be so great by thus tearing the vessels asunder with this instrument.—*Ibid.*

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Rupture of the Spleen.—When rupture ensues of any of the solid abdominal viscera—such as the liver, the spleen, or the kidney—death usually takes place in a short time from hemorrhage, if the shock of the injury itself has not already proved fatal. It is not always an easy matter to make out the true nature of the mischief in such cases, especially when no external evidence of injury is to be seen. A curious case in illustration was admitted into University College Hospital on the 13th ult. The patient was a man upwards of sixty five years of age, who was accidentally knocked down in the street by a cab, and trod upon by the horse over the stomach, as was at first supposed. He lived twenty-two minutes after his admission, under Mr. Erichsen's care, the cause of death being set down either to the shock of the injury, or to the rupture of some important internal organ. He was totally unconscious from the time of the accident to his demise, and never spoke a word. We were present at the autopsy, on the 14th of June, made by the house-surgeon. A large quantity of liquid blood was found in the abdomen, which, on careful examination, was observed to have come from the spleen, which was greatly torn, and had a cavity in its substance nearly as large as the fist. Several of the ribs corresponding to the situation of the spleen were broken. It is very remarkable that with such serious injuries not the slightest wound or bruise could be detected on the skin.—*Ibid.*

LECTURE.

Practical Clinical Remarks on a Case of Croup, delivered at St. Thomas's Hospital. By T. A. Barker, M. D., Physician to the Hospital, and Lecturer on Clinical Medicine.—Gentlemen: This case is one in which the disease commenced in, and was probably for some time confined to, the larynx, admitting of great, and, it was at first hoped, complete relief by the performance of tracheotomy.

H. J. G——, horse-boy, aged 13, was admitted into Luke's ward on January 6th, 1859, at half-past one P. M. About ten days previous to his admission, he had slept in the cold air, after being in a theatre. This was followed by symptoms of catarrh, which increased until January 4th, and then, in the afternoon, symptoms similar to those observed on his admission set in, and rapidly became urgent. I saw him almost immediately after he was placed in bed. When lying quietly, he seemed disposed to doze, and did not appear to be in much distress; but, when disturbed for the purpose of being examined, it was evident at once that serious mischief existed in the larynx. A loud, harsh, laryngeal sound accompanied the whole acts of inspiration and expiration, and these were continuous, no interval being perceptible between the termination of one and the commencement of the other. This symptom always indicates great obstruction in the larynx. The cough, though not frequent, was loud and ringing; the respirations were 28 in the minute, and laboured; the pulse 120, small and soft; the fauces were red, but not swollen; and on the right tonsil and on the right side of the uvula were two small, white patches, which appeared to be false membrane. The chest was everywhere resonant, except about the centre of the left lateral portion; and there it was slightly more dull than on the right side. Scarcely any breath sound could be heard at any part of the chest; but this does not necessarily indicate disease of the lung in such a case as this, where the air was inspired slowly through a constricted larynx. I have seen many cases, where the larynx has been narrowed by chronic disease, in which no breath sound could be heard, although the lungs were free from disease. The absence of tumefaction about the fauces, and the apparently healthy state of the chest, indicated the probability of the dyspnœa being caused by disease in the larynx; and pain on pressure of this part, difficult deglutition, and a peculiar ringing, brassy sound of the voice and cough removed all doubt.

In the treatment of such a case, we have to consider well what are the chances that ordinary remedies will check the disease before it has closed the larynx to such an extent as to render sufficient respiration impossible. In determining this point, we must inquire whether the disease be progressing, and the dyspnœa increasing, in spite of remedies.

In this case, no remedies had hitherto been used; and we had to be guided solely by the state of the patient when first seen. If he had been in great distress, drawing in his breath with labour and difficulty, there would have been no doubt of the propriety of immediately opening the trachea, so as to allow air to enter the lungs more freely than was possible through the larynx. But it is not safe to assume that, because there may be little dyspnœa and distress, there must be little danger. The difference between the size of an aperture through which air simply sufficient for respiration can pass, and that which is altogether insufficient, is very small; and a change from the one to the other may take place very rapidly. I have known a case where a sore throat was supposed to be cured, and no disease in the larynx was even suspected; a sudden fit of coughing was followed by instantaneous death, almost without a struggle; there was great œdema about the larynx. I have had two hospital patients who were known to have slight disease in the larynx, but who were apparently getting better. After passing quiet nights, urgent dyspnœa and faintness came on immediately after they were awoke in the morning, and they died before assistance could be procured. Indeed, this boy was himself a proof that the limit between a sufficient and a very deficient aperture is slight. When lying quietly in bed, you would hardly have supposed he laboured under serious disease; when disturbed, the urgency of the symptoms was manifest. One symptom, however, was always present; and I attach great importance to it in disease of the larynx. The act of expiration was as long as that of inspiration, and there was no interval between them. This, I believe, does not occur unless the larynx be greatly narrowed. We had further proof of insuf-

ficient respiration in the appearance of the boy. His face was dusky, and his lips vivid; the veins of the neck were distended.

An emetic of ipecacuanha wine gave little relief; and I at once came to the conclusion that tracheotomy ought to be performed. I do not mean by this to deny that other treatment, in such a case, might not save life; I mean that delaying the operation would greatly diminish the chance of recovery. The disease had existed in an aggravated form for two days; the dyspnœa was at times very great; and the face indicated insufficient respiration. In these cases, the probability of a fatal termination cannot, within wide limits, be measured by the urgency of the symptoms. These, as I have stated, often increase suddenly and rapidly, not giving sufficient warning to allow of assistance; and patients die who might, by a timely operation, have been saved. Neither is this sudden increase of the disease the only risk incurred by delay. If the disease increases slowly, although symptoms do not for some time become urgent, other mischief is going on. The system becomes depressed by the circulation of impure blood, the result of imperfect respiration; and the lungs become congested; and thus the operation, if performed at last, is less likely to be successful than if performed at an earlier period. I have lost one case, because the patient would not allow the operation to be performed when it was first recommended, and when it would have given immediate and, probably, permanent relief. The lungs were then healthy; but afterwards, when the trachea was opened, although she had some ease for a short time, the lungs were greatly congested, and she died in a few hours. If we never perform this operation until we are certain that the patient will die unless it be done, we shall lose many lives which might be saved.

At five o'clock, as the boy lay in bed, he seemed so easy and tranquil that Mr. Simon, when he arrived to perform the operation, did not at first admit it to be necessary. The great and instantaneous increase of the dyspnœa so soon as he was roused and taken out of bed, as well as the sound of the voice and cough, removed all Mr. Simon's doubts; and the trachea was opened without any difficulty, except such as arose from great hemorrhage. It was necessary to tie one vein. In half a minute after the trachea tube had been introduced, a most extraordinary improvement had taken place in the boy's appearance. The blueness of the face, and its anxious, haggard expression were gone; he breathed easily, became tranquil, and soon fell into a quiet sleep. I ordered him to take a grain of calomel every third hour, and to have a drachm of mercurial ointment rubbed on each leg four hours daily. He had beef-tea and milk.

He passed a quiet night, and was easy when I saw him the next day; but he breathed quickly, forty times in the minute. This made me fear mischief in the lungs. The chest was fairly resonant; no sounds could be heard by the stethoscope, except such as were evidently propagated from the trachea. At night, he became worse, and had a convulsive fit, but afterwards slept. At two P. M. the next day, I found him pallid, faint, and scarcely sensible. The cervical veins were turgid, and the lips livid. Loud crackling sounds could be heard over the whole chest; and the left side had become less resonant. He died at five P. M., forty-eight hours after the operation, and four days after the onset of urgent symptoms.

No disease was found, except in the lungs, larynx, and trachea. The upper lobe of the left lung was airless and fleshy; the rest of this lung and the right were crepitant, with here and there a little consolidation, not pneumonic. The tonsils and soft palate were injected, and covered for the most part by a false membrane, grayish, smooth, tough, and thick, so closely adherent that it seemed to send processes into the substance of the tonsils. Dr. Bristowe almost doubted whether it ought not to be regarded as exfoliation of diseased and thickened mucous membrane. There was abundance of thick false membrane closely adherent to the mucous membrane of the epiglottis, larynx, and upper part of the trachea; and some had been displaced by the operation. Lower down, it was less adherent and more shreddy. At the lowest part of the trachea, and in the bronchi, it became thicker and more adherent. Into all the tubes proceeding immediately from the bronchi, the false membrane was prolonged in the form of a nearly solid cylinder of toughish gray fibrin. It passed anteriorly into the secondary tubes of the lower lobes, and then for

the most part ceased, the smaller ramifications containing puriform mucus and a few shreds of adherent lymph. In the upper lobes of both lungs, the casts were prolonged even into the smaller divisions of the tubes, so that to the naked eye all the tubes appeared to be completely occupied by fibrinous casts; and these were solid, except in the two larger bronchi.

This account of the post-mortem examination proves that the larynx was in a state which required and which admitted of relief from tracheotomy. Indeed, without this proof, the necessity and advantage of the operation was shown by the instantaneous improvement which took place after the trachea was opened; and, as this improvement continued for twenty four hours, it is probable that the greater part of the disease in the lower part of the air-passages took place after the operation.

Before you determine on the performance of tracheotomy, it is of course desirable to ascertain not only that the larynx is diseased, but also that the lung is sound, or, at all events, so sound that it can carry on sufficient respiration, provided air can obtain access to it. Percussion, in these cases, will inform you whether the lung be solid, or contains air; but the stethoscope is generally of little use. The breath sounds are usually very faint, in consequence of the feebleness of the current of air which passes through the narrowed glottis; and, such as they are, they are drowned, as it were, by the loud, harsh sound of the air passing through that narrowed opening. I had fears, in the case now before you, that disease was extending downwards. The trachea, as well as the larynx, was tender when pressed; and there was a little dulness, as I have before stated, in one part of the left lung. Nevertheless, I did not think, at the time of the operation, and I do not think now, although extensive obstruction has been found in the bronchial tubes, that it was improperly done. Disease below the point where the tube was introduced into the trachea was not certain. If it existed, it was probably at that time slight, and of a nature which might admit of cure.

In cases of laryngeal disease, we often cannot be sure that tracheotomy is absolutely necessary; and we often cannot be sure there is no disease existing which will preclude the possibility of its success. I am certain that more mischief is done by postponing or omitting the operation than by hastening its performance. In my own experience, I have never seen cause to regret having ordered tracheotomy; but I have often seen cases where patients died, either because they would not allow it to be performed, or because it was postponed until too late.—*Lancet*, July 2d, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Medical Society of the State of Pennsylvania.—This Society held its twelfth annual meeting in the city of Philadelphia.

The Society assembled in the Hall of the University of Pennsylvania on Wednesday, June 8th, the President, Dr. Smith Cunningham, of Beaver, in the chair.

Dr. Jewell, on behalf of the Philadelphia County Medical Society, welcomed the delegates to the city in a brief address.

The President announced to the Society that Dr. Henry Hartshorne, one of the Recording Secretaries, was absent in Europe, and therefore it devolved upon the Society to fill the vacancy.

On motion, Dr. John P. Edge, of Chester Co., was elected for the unexpired term

On motion, the President appointed a committee to examine and report upon the credentials of delegates.

Dr. Jewell, Chairman of the Committee of Arrangements, announced to the Society that invitations to visit the following scientific and charitable institutions had been received by him, viz.: the Pennsylvania Institution for the Instruction of the Blind, Pennsylvania Institution for the Deaf and Dumb, Pennsylvania Academy of Fine Arts, Academy of Natural Sciences, Wistar & Horner Museum, Museum of the Jefferson Medical College, Museum of the Pennsylvania Medical College, Pennsylvania Hospital for the Insane, Blockley Hospital, etc. etc.

On motion, these invitations were accepted, and thanks returned to the authorities of said institutions.

The Committee on Credentials reported the list of delegates appointed by the different County Medical Societies.

On motion of Dr. J. L. Atlee, Sr., all regular physicians present, from counties

not represented, or in which no organization existed, were invited to seats as members, after having reported themselves to the Committee on Credentials.

On motion of Dr. Carpenter, of Lancaster, the calling of the roll was deferred till afternoon.

The President then delivered the annual address. Its subject was Utero Gestation, the variations in its length, being fully illustrated by remarkable cases, etc.

On motion of Dr. Worthington, of Chester, the thanks of the Society were tendered to the President for his address, and a copy requested for insertion in the *Transactions*.

On motion of Dr. D. F. Condie, the reading of the Journal of the last annual session was dispensed with.

Dr. Jewell, on behalf of the Committee of Arrangements, presented and explained the programme for the holding of the sessions, and entertainment of the delegates from other portions of the State.

Dr. Nebinger, of Philadelphia, moved that a nominating committee, to select officers for the ensuing year, be appointed, said committee to consist of one from each county represented, the members to be named by the respective delegations. Which was adopted.

On motion of Dr. Mayburry, of Philadelphia, a committee of three was appointed to examine the minutes of last session, and report all items of unfinished or deferred business. The President appointed Drs. Mayburry, Cassidy, of Lancaster, and Hunter of Bradford.

The Society then adjourned till 4 P. M.

Afternoon Session.

Dr. Carpenter, Vice President, in the chair.

The roll was called, and the minutes of the morning session were read and approved.

The committee on nominations, selected by the respective delegations, consisted of the following members:—

Drs. S. Cunningham, Beaver Co.; C. T. Reber, Berks; E. P. Allen, Bradford; B. R. McConnel, Carbon; W. Worthington, Chester; T. Mabon, Indiana; S. Parker, Lancaster; H. A. Fahnestock, Lebanon; S. S. Mehard, Mercer; C. H. Hill, Montgomery; J. R. Ludlow, Northampton; J. E. Singer, Perry; A. Nebinger, Philadelphia; J. T. Carpenter, Schuylkill; F. C. Harrison, Susquehanna Union Medical Society; W. L. Richardson, Susquehanna; G. L. Shearer, York.

This committee were authorized to fix the place for the next meeting of the Association.

A list of the officers and members of the Carbon County Society was read, and referred to the Committee on Publication.

The report of the York County Society was read, and referred to the Committee on Publication.

It being the hour previously agreed upon, Dr. Parrish, of the School for Feeble-Minded Children, was announced in attendance with several of his pupils. He exhibited the various methods of treatment employed in that institution, and mentioned many facts which show the great importance and good results of exercise and proper management judiciously carried out.

Dr. H. Carpenter moved a vote of thanks to Dr. Parrish; but, upon the suggestion of Dr. Condie, that so convincing an illustration of the important benefits which have resulted from the labors of Dr. Parrish required a more elaborate expression in its favor, it was withdrawn by the mover, with the understanding that he should present another motion in the course of the session.

The report of the Philadelphia County Medical Society was presented, and referred to the Committee on Publication.

The report of the Treasurer, Dr. R. P. Thomas, was read, and referred to an auditing committee, consisting of Drs. Wallace, Shearer, and Sample.

In accordance with a clause of the Constitution, requiring each county society to report any action which might have a bearing upon the code of ethics, a report was read from the Philadelphia County Society as follows:—

Certain resolutions had been presented in that body which had been referred to the Board of Censors, who reported as follows:—

"In reply to the propositions embraced in the resolutions submitted for their opinion, the Censors would respectfully report that they would recommend the members of the regular profession to withhold from the faculties and graduates of female colleges all countenance and support, and that they cannot, consistently with sound medical

ethics, consult or hold professional intercourse with their professors or alumni.

D. F. Condie,
Secretary of Board of Censors."

R. J. Levis,
Rec. Sec. Philada. Co. Med. Society.

On motion of Dr. Condie, this report was referred to a committee of five, with instructions to report before the final adjournment of the Society.

The President appointed the following as that committee: Drs. D. F. Condie, Luther, Singer, Worthington, and Cassidy.

The nominating committee announced their report as ready, which was, on motion of Dr. Atlee, laid on the table for the present.

Dr. A. L. Kennedy then presented, on behalf of Dr. H. Hartshorne (now in Europe), a copy of his medical record, etc., for inspection by the members.

The Society then adjourned till half past nine o'clock on Thursday morning.

Thursday Morning, June 9th.

The Society met pursuant to adjournment, the President, Dr. Cunningham, in the chair. The roll was called by the Secretary.

Dr. B. H. Coates, of Philadelphia, offered the following:—

Resolved, That the Society has learned with deep regret the death of its respected and valued member, Dr. Benj. S. Janney.

Resolved, That those delegates to the present session, who shall be in the city at the time, will, in testimony of respect and regard, attend the funeral.

Resolved, That a committee be appointed to communicate to the family of the deceased the feelings of this Society.

Resolved, That these proceedings be published in the daily papers.

On motion, these resolutions were adopted, and Dr. Coates appointed as the committee.

After some remarks concerning the death of Baron Humboldt, alluding to his valuable services to science, his great fondness for Americans, and his close connection with medical science, Dr. Coates also offered the following resolutions:—

Resolved, That this Society feels with deep regret the loss sustained by science and humanity in the death of Baron Alexander Von Humboldt, the teacher and patron of science, and the friend of America, and the people which inhabit it.

Resolved, That the Secretaries be instructed to include these resolutions in that part of the proceedings of this Society which shall be ordered for publication.

Dr. Condie, from the Committee on the distribution of Vaccine Virus, reported progress. He said that during the year a large quantity of pure virus had been distributed, and that he still had on hand a small quantity, which would be given to those members who made application to him. He deprecated the practice of sending it by mail, as even the short distance of sixty miles would cause a deterioration, perhaps complete destruction of its powers, in consequence of the heat generated in the mail bags.

On motion of Dr. Atlee, the committee was continued, and Dr. Condie was requested to furnish his report for publication.

Dr. Mayburry presented the report of the Committee on Unfinished Business, they having found the following items:—

1. Memorial from the Philadelphia Medical Society, with accompanying resolutions (vide *Transactions* for 1858, page 15, *et seq*).

2. Dr. H. Carpenter's proposed amendment to first section of Art. VI. of the Constitution (*Ibid.*, p. 15).

3. Report of committee to procure a supply of vaccine virus from the original source, Drs. Condie and Emerson, committee (*Ibid.*, p. 19).

4. Report of the officers of the Society who were continued a committee to "increase and extend the organization of the profession throughout the State (*Ibid.*, p. 19).

5. Annual report from Committee on Meteorology, Dr. Kennedy, chairman (*Ibid.*, p. 17).

On motion of Dr. Thomas, the report was laid on the table for the present, to enable the Society to proceed with the county society reports.

The Committee to Audit the Treasurer's Accounts reported that they had found them correct.

The reports of the Beaver and Bradford county societies were presented and referred to the Committee on Publication.

The report of the Mercer County Society was partially read by the Secretary, when

Dr. Remington moved that it be referred to the Committee on Publication.

After some discussion by Drs. Condie, Jewell, and others, Dr. Condie offered an amendment, which was accepted by the mover, to the effect that all the reports presented at this session be referred to the Committee on Publication, with instructions to examine the same, and make any alterations that may be allowed by their authors previously to printing. This motion was adopted.

The reports of the Indiana, Susquehanna, Schuylkill, Perry, and Montgomery county societies, with sundry biographical notices which were on the table, were therefore referred in accordance with this motion.

Dr. Worthington, of the committee to whom were referred the resolutions emanating from the Philadelphia County Society, concerning female colleges, &c., reported indorsing their action, which report, on motion of Dr. Coates, was adopted as the sense of the Association.

Dr. Carpenter, of Lancaster, presented the following preamble and resolutions:—

Whereas, Dr. Joseph Parrish, Superintendent of the Pennsylvania Training School for Feeble-Minded Children, has favored this Society with a very interesting exhibition of his system of instruction and training, affording the most gratifying evidence to the benevolent mind and heart that for this deplorably helpless and forlorn portion of our fellow beings, from whose souls the light of intelligence and reason has heretofore seemed hopelessly excluded, there still exists a prospect of restoration most pleasing and encouraging, therefore be it

Resolved, That this Society highly approve of the system of instruction and training so successfully pursued in this institution, and of the noble and praiseworthy efforts so patiently and perseveringly employed to restore again to intelligence and usefulness this most unfortunate class of our fellow creatures, and that we warmly commend it to the consideration of the philanthropic and benevolent.

Resolved, That the thanks of this Society be tendered to Dr. Parrish and his assistants for their very interesting and gratifying exhibition of the progress of his pupils.

On motion, the preamble and resolutions were unanimously adopted.

On motion of Dr. Cheeseman, of Philadelphia, the Society proceeded to the consideration of unfinished business.

On motion of Dr. Curtis, it was agreed to take up the items in their order as reported by the committee.

The memorial of the Philadelphia Medical Society, presented at the last annual session (vide *Transactions*, 1858, folio 13 *et seq.*) being first in order, was read by the Secretary,

When Dr. H. Carpenter moved that it be referred to a special committee for their consideration, to report at the next annual meeting.

The question was discussed by Drs. Condie, J. L. Atlee, Sr., of Lancaster, A. Nebinger, Worthington, of Chester, Jewell, and Bell, when

Dr. Carpenter withdrew his original motion, and moved that the whole matter be indefinitely postponed, which was unanimously adopted.

On motion, the Society adjourned till 5 P. M.

Afternoon Session.

The Society met at 5 P. M., the President in the chair.

On motion of Dr. R. P. Thomas, the reading of the minutes and calling of the roll were dispensed with.

Unfinished business was then resumed.

In the matter of increasing and extending the organization of the profession, Dr. Cunningham, as chairman of that committee, stated that he had made sundry individual efforts, but there had been no joint action by the committee.

On behalf of the Committee of Publication, in the absence of the chairman, Dr. Kennedy, Dr. Thomas made a verbal report, and moved that the committee be instructed to furnish a report for publication, which was adopted.

Dr. Mayburry then offered the following:—

Resolved, That the Committee of Publication be instructed to insert over the title page of the forthcoming volume of the *Transactions*, before "annual," the word "eleventh," so that it shall read, "Transactions of the Medical Society of the State of Pennsylvania at its eleventh annual session," &c., which was adopted.

On motion of Dr. J. L. Atlee, the Society proceeded to the consideration of the report of the Nominating Committee, which was read by their chairman, Dr. Nebinger, as follows:—

President —Dr. D. F. Condie, of Philadelphia.

Vice Presidents.—Drs. C. T. Bliss, of Bradford; B. F. Schneck, of Lebanon; John Schrack, of Montgomery; and Edward Wallace, of Berks.

Corresponding Secretary.—Dr. Joseph Carson, of Philadelphia.

Recording Secretaries.—Drs. John K. Raub, of Lancaster, and John T. Carpenter, of Schuylkill.

Treasurer.—Dr. R. P. Thomas, of Philadelphia.

Censors, 1st and 2d Districts.—Drs. James S. Carpenter, Schuylkill; H. Corson, Montgomery; W. Mayburry, Philadelphia; E. H. Mason, Bradford; J. P. Edge, Chester; W. H. McGill, Montour; A. S. Bare, Lancaster; and C. H. Wormer, Berks.

Censors, 3d and 4th Districts.—Drs. W. R. Finley, Blair Co.; J. B. Luden, Huntingdon; C. J. Hirst, Blair; T. Woods, Lycoming; Joseph Henderson, Mifflin; James Galbraith, Perry; and J. H. Case, Perry.

Censors, 5th and 6th Districts.—Drs. J. Wishart, Washington Co.; G. W. Allison, Beaver; D. Leasure, Lawrence; J. P. Gazzam, Allegheny; J. Lowman, Cambria; E. Griswold, Mercer; and Thomas St. Clair, Indiana.

Delegates to American Medical Association.—Drs. S. Cunningham, Beaver; W. Worthington, Chester; J. E. Singer, Perry; J. S. Carpenter, Schuylkill; W. Corson, Montgomery; J. D. Strowbridge, Montour; Henry Carpenter, Lancaster; W. Jewell, Philadelphia; R. P. Thomas, Philadelphia; E. P. Allen, Bradford; and John Bell, Philadelphia.

Committee of Publication.—Drs. Levi Curtis, A. L. Kennedy, and W. B. Atkinson.

Philadelphia was named as the place of meeting for next year.

Dr. J. L. Atlee, Sr., moved that the report be accepted, and the nominees be declared the officers of the Society.

The retiring President, Dr. S. Cunningham, made some appropriate remarks.

On motion of Dr. Jewell, a committee was appointed to conduct the newly elected officers to their chairs.

Drs. Jewell and Worthington were appointed the committee.

The officers being installed, the President, Dr. D. F. Condie, made a few remarks, returning thanks for the honor, etc.

Dr. Carpenter, of Lancaster, offered the following, which was adopted:—

Resolved, That the thanks of this Society be tendered to the various railroad companies for facilities afforded delegates in attending this convention, as also to the different scientific and charitable institutions for courtesies extended.

On motion of Dr. Schrack, the thanks of the society were tendered to the retiring President for the able and impartial manner in which he had discharged his duties.

On motion of Dr. J. A. Ehler, of Lancaster, the following resolution was adopted:—

Resolved, That our thanks be tendered to the retiring officers for the able and gentlemanly manner in which they severally have discharged their duties, and also that a vote of thanks be presented to the Board of Trustees of the University of Pennsylvania for the use of the room in which the meeting has been held.

On motion of Dr. W. H. Boone, of Lancaster, the following resolution was adopted:—

Resolved, That the thanks of this Society be and they are hereby most cordially tendered to the Committee of Arrangements, and the citizens of Philadelphia, for their many polite attentions to the delegates to the State Medical Society.

Some discussion was had concerning the time for the next meeting, lest it might conflict with that of the American Medical Association, but no action was taken.

On motion of Dr. Mayburry, the amendment to the Constitution proposed by Dr. H. Carpenter was then taken up.

After some discussion, on motion of Dr. C. H. Hill, the whole matter was indefinitely postponed.

Dr. Kennedy, from the Committee on Meteorology, reported progress, and asked to be continued, which was granted.

The Secretary then read the minutes of the day's proceedings.

There being no further business, on motion of Dr. J. L. Atlee, Sr., the Society adjourned, to meet again in Philadelphia at 11 A. M. on the second Wednesday in June, 1860.

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State Medical Society of Iowa.—This Society held its annual meeting at Davenport on the 7th, 8th, and 9th of June.

About fifty members, representing fifteen counties, were in attendance.

The President, Dr. John H. Rauch, called the Society to order. On motion of Dr. Saunders, it was

Resolved. That a committee of one from each county represented be appointed to select the names of suitable persons for officers for the ensuing year, and to recommend a proper place for the next meeting.

An Essay on Scarlatina, by Dr. F. Thomson, of Lyons, was read, and referred to the Committee on Publication.

An Essay on Subcutaneous Injection of Quinine, by Dr. Langer, was also read, and referred to the same Committee.

The Society then agreed to raise a committee of seven to investigate and report upon the subject at its next meeting.

The reading of the reports of the respective officers of the society was postponed until the afternoon session.

The general order of business was then postponed until afternoon in order to accommodate the officers of the Society in some of their arrangements. On motion, the Society then adjourned until 2 o'clock P. M.

AFTERNOON SESSION, 2 O'CLOCK P. M.

Dr. McGugin, from Committee on Registration, made a report, stating his action upon the subject. Report accepted, and Committee continued.

Dr. Fountain, from Committee on Obstetrics, stated that he was not prepared to report upon the subject assigned him, but, if permitted, would read a paper upon another subject. Permission being given, the Doctor read an interesting article upon the medical properties of Chlorate of Potash.

On motion, the report was received, and referred to the Committee on Publication.

Dr. Hamline, from Committee on Generative organs, stated that circumstances had prevented his preparing a report for the present meeting. On motion, Dr. Hamline was continued to report at the next meeting.

Dr. Lothrop, of Lyons, presented the following resolution:—

Resolved, That this association choose a committee of three to draft a memorial relative to the security of physician's fees, to be presented to our next Legislature.

Which was read and adopted; and Drs. Lothrop, Wilton, and Reeder were appointed said Committee.

Dr. Saunders made the announcements for the evening—the President's address at 8'clock, and the meeting at the Le Claire House immediately thereafter.

The Society then adjourned till 8 o'clock P. M.

WEDNESDAY, JUNE 8. EVENING SESSION, 8 O'CLOCK.

The President delivered his address, after which the Society adjourned until Thursday morning at 9 o'clock.

THURSDAY, JUNE 9. MORNING SESSION.

At the hour adjourned to, the President took the chair. The minutes of yesterday's proceedings were read and approved.

Dr. Saunders, from the Committee on Nominations, made the following report; and the gentlemen named were all of them elected, subsequently, unanimously:—

President, Dr. Egbert S. Barrows, of Scott; Vice President, George Reeder, of Muscatine; Recording Secretary, Allen Phillips, of Dubuque; Corresponding Secretary, Oliver George, of Van Buren; Treasurer, M. B. Cochran, of Johnson; Censors, Ezra J. Fountain, of Scott, D. L. McGugin, of Lee, R. S. Lewis, of Dubuque, A. W. McClure, of Henry, J. S. Dimmitt, of Jones.

The Committee also reported in favour of Dubuque as the next place of meeting, and that the time of meeting be the second Wednesday in May, which were unanimously agreed to.

Dr. Rauch, from the Committee on the Topography, Natural History, and Climate of Iowa, made a very voluminous and interesting report, indicating an immense amount of labour and research.

A Committee of five were appointed to report upon the best mode of publishing it, consisting of Drs. Rauch, Lewis, Hughes, Fountain, and Cochran.

Dr. Fountain offered a resolution that a committee be appointed of one from each county represented, to report at next meeting upon the subject of Ozone, which was adopted.

Dr. Cochran moved that a special committee be appointed to take into consideration the recommendation made in the President's address, and report thereon, which was agreed to; and Drs. Cochran, McClure, Dimmitt, Adler, and Nassau were appointed.

Dr. Lewis presented a paper indicating

the action of the Dubuque Medical Society in relation to Asa Horr, and moved the appointment of a committee to report at the next meeting of the Society. This was agreed to; and Drs. Lewis, of Dubuque, Miller, of Jackson, and Fountain, of Scott, were appointed.

The Society then adjourned until 2 P. M.

AFTERNOON SESSION.

Dr. Barrows, the President, took the chair.

Dr. Marsh offered the following:—

Resolved, That the thanks of this Society be, and the same are hereby tendered to Dr. J. H. Rauch for the able manner in which he has discharged the duties of President for the last year, and also for his able address, and that he be requested to furnish a copy of the same for publication.

Which, having been read, was adopted.

Dr. Lothrop, from the Committee in relation to legislation respecting the compensation of physicians made a report, which was read, and laid on the table.

Dr. McGugin then read an essay on Epilepsy, which was referred to the Committee on Publication.

The President announced the following Committee on Ozone, under the resolution: Drs. Fountain, Phillips, Miller, of Jackson, Huff, Rosseau, Lothrop, Carhart, McGugin, Marsh, Coover, George, Ransom, and Chambers.

Dr. Cochran made a report on Phthisis, which, at his own request, was referred to Committee on Publication without reading.

Prof. Hughes made an interesting statement of a case of curved femur, causing contraction of the limbs, having been relieved by a peculiar surgical operation. He was requested to write out and submit to the Committee on Publication details of the case.

Dr. McGugin was continued on the Committee on Physical Exploration.

On motion of Dr. Rauch, the Society then adjourned until 8 o'clock P. M.

THURSDAY, JUNE 9TH. EVENING SESSION, 8 O'CLOCK.

The President took the chair at the time adjourned to. Dr. Cochran, from the Committee on the topics alluded to in the President's address, made a report, recommending the appointment of a committee of three upon each of the following subjects: 1. To Memorialize the Legislature in relation to the sale of Poisons. 2. To correspond with the various State societies respecting a change in the system of Medical Education. 3. To attend the examination of candidates for degrees in the Medical Colleges of the State.

The report was received and adopted; and the President appointed the committees as follows: 1. Drs. McClure, of Henry, Maxwell, of Scott, and Chambers, of Cedar. 2. Saunders, of Scott, Keith, of Scott, and Ransom, of Des Moines. 3. Hamline, of Henry, Fountain, of Scott, and Lewis, of Dubuque.

Dr. Saunders offered the following resolution, which was adopted unanimously:—

Resolved, That it be recommended to the regular members of the profession throughout the State to form county societies wherever practicable, and to send representatives to the State Society with proper certificates of delegation.

Drs. Hughes, Baker, and Saunders were appointed a committee to prepare and have filed, with the Secretary of State, Articles of Incorporation for the State Society; and the President was directed to appoint, at his pleasure, representatives to the National Pharmaceutical Association, after the committee shall have performed the duty assigned them.

Dr. Hamline offered the following:—

Resolved, That the thanks of the Iowa State Medical Society be given to the members of the profession of the city of Davenport, as well as to the private citizens and the press of the place, who have extended to the members of this Society hospitalities and kind attention of both a public and private character.

Which was read and adopted.

Dr. Cochran offered the following:—

Resolved, That all persons making application for membership in this Society be required to present satisfactory testimonials of being in good standing among their professional brethren at home. Which was adopted.

Dr. Fountain moved that the report of Dr. Rauch, on Medical Topography, be received, and that the thanks of the Society be tendered him therefor. Which was agreed to.

The Committee on Medical Topography was continued, with the understanding that Dr. Chas. C. Parry, of Scott, shall assume

its chairmanship, after Dr. Rauch shall have finished up his report.

The President then announced the Committee on Publication as follows: Drs. Rauch, Lewis, and Saunders.

The Society then proceeded to the appointment of committees on medical topics, as follows:—

Diseases of the Brain, Dr. McClure; Criminal Abortion, Dr. G. R. Henry; Positive Medical Agents, Dr. McGugin; Prevailing Fevers, Dr. John M. Adler; Stomatitis Materna, Dr. F. Knowles; Epidemic Erysipelas, Dr. McCarn; New Remedies, Dr. Huff; Influence of Miasma in Producing Diseases of the Eye, Dr. A. S. Maxwell; Surgery, Dr. Stone.

Dr. Keith offered a resolution to the effect that applicants for the position of students of medicine be required to come up to a fair standard of educational acquirement before the relation of preceptor and pupil is assumed. Which was adopted.

The following delegates were then elected to represent the Society in the American Medical Association to meet in New Haven, Connecticut, in June, 1860:—

Drs. E. S. Barrows, A. Phillips, Th. J. Saunders, A. W. McClure, Jno. M. Adler, M. B. Cochran, Prof. D. L. McGugin, Drs. E. J. Fountain, D. Whinnery, Ignatius Langer, L. P. Hamline, J. W. H. Baker.

Dr. Fountain offered the following preamble and resolution:—

Whereas, Our late President, Dr. John H. Rauch, has recently changed his residence from this to our sister State of Illinois, in obedience to a call to fill the chair of Professor of Materia Medica in a medical college of Chicago, therefore

Resolved, That we take pleasure in acknowledging the valuable services he has rendered this Society, and the profession generally, by his contributions to our proceedings, and his interest in promoting the cause of medical science; and, while we deeply regret his loss from our body as an active member, we congratulate our professional brethren of Illinois on his acquisition to their number, and will continue to feel the warmest interest in his earnest endeavours to elevate the standard of medical education, and in his efforts to add to our stock of knowledge in the natural sciences, collateral to the profession of medicine,

Which, having been read, were adopted unanimously.

On motion of Dr. McClure, the Society then adjourned.

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Medical Journals.—Four medical journals, viz., the "*Maine Medical and Surgical Reporter*," the "*New Hampshire Medical Journal*," the "*Louisville Medical Gazette*," and the Montreal "*Medical Chronicle*" have, within a short time, been forced to suspend their publication from want of support; and we regret to learn, from an editorial in the July number of our respected cotemporary, the *Virginia Medical Journal*, that it is greatly hampered from want of material aid.

We subjoin the editorial referred to, with the hope of promoting the object of the editors, but must at the same time express our persuasion that the views there given of medical journalism are too gloomily tinted. That there are more journals published than the profession actually need, or are willing to support, must be conceded; but we trust that such as uphold sound ethical doctrines, and which labour to elevate the character of the profession and to enlarge the bounds of our science, will receive support proportionate to their merits. We have only to add that there are some confessions in the following editorial well calculated to excite surprise.

"At the commencement of this our thirteenth volume, we may be excused for presenting a few reflections, appropriate to the period, to our friends. In truth, a little garrulity may be pardoned us at this time. It should be remembered that medical journals are a short-lived race, at least in our country. They reach a precocious adolescence after probably two years of cachectic infancy, badly nourished and injudiciously treated. Fortunately, they cut their eye-teeth quickly, and find, to their cost, that this world is 'nought but labor and sorrow,' or, in more modern phrase, 'there is no money in it.' Still, in spite of adverse circumstances, and by dint of an unlimited though sorely betrayed reliance in man's trustfulness, the *Journal* reaches a moderate circulation, still living, as most of them do, from hand to mouth, harassed with debt, wanting the support of their patrons, starving for matter in the midst of plenty, compelled to beg pertinaciously for contributions from those who, if they were not utterly blind to their own interests, would

gladly seek admittance to its pages. Under all these depressing conditions, the weary periodical falls slowly into a hopeless marasmus, a premature old age; and presently the place that knew it knows it no more; it dies, and makes no sign; and its unhappy companions devote a hasty paragraph to its memory. Its long-suffering publisher seizes upon its effects, consisting of exchanges freely cut to pieces by the scissors, a half dozen American reprints bound in calf and black muslin, and a delinquent list of indescribable longitude.

"Such is the fate of many a sanguine scheme to win reputation and develop the resources of our native profession. In our experience, these phases of the journalistic life have again and again been enacted before us. Seven years have exhibited to us the rise and fall of various promising sprouts of medical literature, who now, alas, have floated far away 'adown the gulf of time'! and, while we have cause to be grateful that we are yet spared to tell the doleful tale, to moralize over the decay of many bright hopes, nay, earnest strivings after usefulness and distinction, may we not profit by these repeated warnings, and take care that we too, ere long, be only found among the shades of departed journals?

"Representing alone the medical profession of Virginia—the solitary organ of more than three thousand intelligent gentlemen—having carefully avoided any connection with cliques or personal questions, and being, we honestly believe, at peace with all the world, it would seem impossible that the *Virginia Medical Journal*, in presenting its thirteenth volume to its readers, could for a moment doubt its continued and prosperous existence. But it is the part of wisdom to look the truth fairly in the face. When we are strongest and farthest from danger, when we are strong enough to tell the truth without fear of misrepresentation, then is the time to talk boldly and candidly to our friends, to tell them what is required of them, and to claim from them undisputed and well-earned justice.

"The subscription list of this journal is hardly surpassed by any rival periodical in this country; and it includes amongst its friends many of the best names in the American profession. It offers every inducement to the profession to write for its pages, proposing to illustrate, at any cost, all contributions requiring such adjuvants; and yet duty requires the editor to say that his most earnest efforts to attract the learning and practical experience of the Virginia profession to the support of their representative fails, year by year, more and more; and he is forced to confess, with pain and sorrow (but not with shame, for *that* fault lies not at his door), that the original columns of the journal do not improve with the improvement of the science; nay, they hardly equal the productions of its younger days.

"Men of Virginia, will you permit this charge of outrageous delinquency to be thrown at you, and not, at least, make an honest effort to remedy the evil consequences and shameful disgrace which must follow, unless the necessary effort is made? Can you expect us to write reviews and editorials, read books and write notices, gallop through fifty exchanges a month, to look up literary forage for lazy and careless patrons, and, when we go to press, be compelled to prepare an original for our own journal? Yet this has been the fact in our experience, as witness many a lucubration through its past pages by Rusticus, Mendicus, Senex, Juvenis, Country Doctor, and other assumed titles, so that the editor might avoid the charge of egotism and self-laudation, ever ready to be made by a censorious public. Say, thinking reader and old friend, shall this continue?

"Having alluded to one great cause of the failure of medical periodicals to achieve a permanent success in our country, namely, want of literary industry and ambition in the profession, we desire to close these remarks by mentioning the *second* and most potent reason why this sad result is to be feared by even the most prosperous of these enterprises.

"The gross income of the *Virginia Medical Journal* has been six thousand dollars a year, nearly, for the past two years, and its cost of publication about twenty-five hundred a year. With this apparently wide margin for profit, we have to tell our friends that the delinquent list for two years only amounts to *five thousand eight hundred and fifty dollars.*

"Now, gentlemen, if you will not work for your journal, there are those who will give value and interest to its pages, if they are *paid* for their labors; and we ask you, in all frankness, at least pay us what you owe us—pay us your subscriptions—and,

by the beginning of another year, we will give you every month an epitome of medical literature derived from direct corespondence with all the leading centres of this country and Europe. Pay us, and your journal will present careful and interesting reviews of the many publications pouring from the press every day, instead of such miserable mockeries as now appear. Pay us, and every number will be filled with matter translated from abroad, with ample illustrations of the useful appliances and mechanical conveniencea of the art. Your editor can then confine himself to his true position, instead of vainly attempting the impossible task of instructing the public without adequate support and materials. His would be the duty of collating, selecting, pruning, amplifying, and arranging the matter to be presented, and directing the typographical execution of the work. Such a task would be indeed a labor of love; and, dear friends, if you will heed our candid and homely admonitions, we will all live to be proud of our State journal, and we will all feel the reflected light of its constantly growing influence in the continual elevation of our professional position."

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Professor Flint's Lectures on Clinical Medicine.—The *New Orleans Medical News and Hospital Gazette* (May, 1859) announces "that Prof. Flint returns to his post early next fall, and with renewed energy and determination to make his teachings the most valuable our city has ever known."

We are happy to chronicle this announcement, not only as containing a well-deserved compliment to Prof. Flint, but as creditable to the editors of the journal from which we quote, who have thus shown themselves superior to sectional feeling, and to be free from all participation in the unfounded doctrine, so loudly proclaimed of late years, by interested parties, that the treatment of Southern diseasea can be properly taught only by Southern practitioners.

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Pennsylvania Hospitol.—We learn with regret that Dr. Jno. Neill, who has filled the office of surgeon to this institution for the past seven or eight years with credit to himself, with advantage to the patients, and greatly to the instruction of the students who attended the clinical lectures, has resigned. Dr. Edward Hartshorne has been appointed in his place; and one more competent, from his extensive surgical knowledge, experience, and high character, to perform the duties of the appointment, could not have been found in our city.

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City Hospital.—We are pleased to announce that Dr. John Bell has been appointed by the new Board of Health physician to the City Hospital for contagious diseases.

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New Medical School—It is announced (*St. Joseph Journal*, July, 1859), that a medical school is about being organized at St. Joseph, Mo.

FOREIGN INTELLIGENCE.

Asphyxia from Chloroform; Tracheotomy.—M. Langenbeck, of Berlin, relates a very interesting case of recovery from the asphyxia of chloroform through tracheotomy. All ordinary attempts at insufflation were unavailing. The pulse had stopped; the face had the pale aspect of death; the lower jaw fell; the eyes were widely opened; and all present were convinced that the man was dead. "It was then," he says, "that I opened the trachea. Not a drop of blood flowed during the operation; the circulation having entirely ceased, artificial respiration was then begun. After six or eight movements of inspiration and expiration, the pulse returned, but feeble, and irregular at first, and then more regular. Then came a spontaneous inspiration; and now the wound began to bleed. Frictions and cold affusions were continued, for life seemed still trembling in the balance. The expression of the face was still unchanged; the eyes still wide open and staring; the left pupil more dilated than the right; the features were immovable; pinching the skin of the thorax produced only reflex movement of the upper extremities. Their efforts were continued for an hour and a half, when the patient had a coughing fit, and brought up a quantity of bloody mucus. He was then carried to bed. There he was seized with clonic spasms, etc. He was still insensible, but his respiration was free. He at length became excited, and required the strait waistcoat. The insensibility and excitement continued during the night, but

next morning the effects of the chloroform had disappeared.—*Ibid., and Archiv. Gén.*, June, 1859.

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Quinia in Peritonitis.—The experiments made of late years by Legrouz, Monneret, Andral, Trousseau, and other celebrities connected with the French school, have proved, beyond a doubt, the beneficial influence of quinine in large doses in the treatment of acute rheumatism, and other diseases of a similar type. Recently this same medicine has been vaunted in combating certain forms of peritoneal inflammation occurring in connection with the puerperal state, and more especially by M. Beau, who, during his official connection with the Cochin Hospital, employed it in an immense number of cases where that formidable disease prevailed in an epidemic form. So marked was the success which attended his experiments, that he ultimately arrived at the conclusion, that quinine in large and continued doses, if not a specific in that disease, is at least the most valuable, and at the same time the most powerful curative agent we possess in its management and treatment. Entertaining such views in reference to the value of quinine in puerperal peritonitis, it was exceedingly natural that he should try the same remedy in a similar affection occurring apart from the puerperal state; and hence we find, that in the idiopathic form of peritonitis he has recourse to the same mode of treatment, and urges on his pupils its decided superiority over every other with which he is acquainted. In a disease of this kind, which, in spite of the most active and energetic measures we may adopt, most generally pursues its fatal course with amazing rapidity, we are always disposed to accord a favourable reception to any theory, however novel and unsupported by facts it may be, provided only we be told that its practical application has been followed by merely partial success; and we are always most agreeably surprised when, with preconceived notions unfavourable to the theory, we find ourselves confronted with a single fact which, though it may not completely establish the new doctrine, at least enlists our sympathies in its favour. Such was the surprise which we experienced in reference to the quinine treatment recommended by M. Beau, when we witnessed, for the first time a fortnight ago, a genuine case of idiopathic peritonitis treated and cured by this medicine, to the entire exclusion of every other therapeutical measure. To those who have been taught in early life that inflammation of the peritoneal membrane demands, in the majority of instances, the abstraction of blood—if not generally, at least locally—until a powerful impression be made on the system, and that this heroic plan of treatment must be followed by the assiduous exhibition of calomel until the patient be brought under the influence of this powerful and dangerous mineral, the solemn declaration of a man of high authority and great experience, to the effect that such treatment is not only useless but positively pernicious, cannot be viewed with any other feeling than that of amazement; and yet, reluctant though they be to abandon a system which has been inculcated in their youth, and which they have been accustomed to regard as strictly orthodox, they must resign themselves to seeing it demolished by another diametrically its opposite.

As a sequel to the foregoing remarks, we cannot do better than place before your readers the following case, the details of which we extract from our Medical notes taken at the bedside of the patient. A girl, 24 years of age, was admitted into the service of M. Beau, at the Hôpital la Charité, and on examination the following symptoms were recognized. Over the lower part of the abdomen there were great pain and tenderness, which were increased on the slightest pressure; the pulse was small, hard and quick, averaging about 120 beats in the minute; the skin was hot, dry, and harsh; tongue furred; constant nausea, with occasional vomiting; constipation; the features were pinched, and the countenance indicated much anxiety; respiration hurried; complexion muddy, and the conjunctiva slightly yellow. The patient lay on her back, with the legs flexed on the thighs. Her previous history showed that for some weeks prior to the invasion of the disease she had been in an indifferent state of health, which she attributed to an unusual amount of bodily fatigue to which she had been subjected. In the presence of these symptoms, M. Beau at once pronounced the case to be one of acute peritonitis. Treatment: an emetic, composed of ipecac. and tart. antimon. was ordered, to be followed up by a purgative enema. The

feeling of nausea having thus been removed, and the stomach prepared for the administration of the sulphate of quinine, this medicine was prescribed as follows: two grammes (equal to thirty grains) were ordered to be divided into three doses, one of which was to be given every eighth hour, and a blister was applied to the lower part of the abdomen, over the spot where the pain and tenderness were greatest. After four or five doses of the quinine, its physiological effects, such as deafness, ringing in the ears, etc., began to manifest themselves, and consentaneous with these there was a manifest diminution of the original symptoms. The pulse from 120 was reduced to 110; the pain and tenderness of the abdomen were considerably subdued; the febrile symptoms, generally, were greatly modified, and the countenance became more placid. The quinine was ordered to be continued, together with the use of refreshing drinks, and on the fourth day of the treatment the pulse fell to 100, accompanied by corresponding improvement in all other respects.

In a week or ten days from the commencement of the treatment, the full effects of the quinine having been produced, that is to say, the original disease having been, as it were, overcome, the medicine was gradually diminished, and ultimately discontinued. The pulse has fallen regularly, and the patient is now convalescent. Now, in a case like the above, implying the undoubted existence of inflammatory action of a most important membrane, the indication, according to the notions generally entertained, would be abstraction of blood, if not from the arm, at least by the application of leeches over the seat of the disease; and we venture to say, that in a similar case such would be the practice adopted by a large proportion of medical men. But according to the theory of M. Beau, instead of curing the disease, the abstraction of a single drop of blood would only increase the evil, and ultimately lead to a fatal result. In peritonitis, and in the phlegmasiæ generally, the blood, according to Beau, is poor in red globules, and consequently rich in fibrin; in other words, the increase of the latter is in a direct ratio to the diminution of the former. It is not difficult, therefore, to understand his determined opposition to depletion, and other measures calculated to lower the vitality of the blood. He regards the excess of fibrin as the real pathological condition on which this disease depends; that is to say, he regards the fibrin as the phlogistic principle, and whatever tends to augment the fibrinous portion of the blood must of necessity increase the fever and feed the disease. Consonant with these views he considers anemia, which is always characterized by diminution of the red globules of the blood, as one of the principal predisposing causes of the phlegmasiæ; and when this condition of body exists, exposure to cold and wet, to sudden change of temperature, or to any of the other exciting causes of inflammation, may be followed by an attack of acute peritonitis. Quinine being the sheet-anchor of M. Beau, as we have shown, in the treatment of this disease, it will not be out of place here to indicate some of the leading rules which he lays down in reference to the manner in which it should be employed, and on the rigid observance of which the success will depend. It is neccessary that a decided effect be produced on the system at once, and hence the earlier the quinine is exhibited after the malady has declared itself the better. But in every case he deems it advisable to premise the first dose of quinine with an emetic; to be followed up by a purgative enema. As soon as the stomach is prepared to retain the quinine, he gives the latter to the extent of eight grains every eighth hour, and this quantity of the salt must be continued for several days in succession. It is right, however, to observe that the dose must be proportioned to the sensibility of the patient; that is to say, it must be increased should the intoxication produced by it prove too feeble, and diminished in the event of its being too strong. M. Beau has never, in the course of his experience, had occasion to prescribe a larger dose than four grammes (60 grains) of the salt in the twenty-four hours. Even when the inflammation of the peritoneum is limited to one spot, and when the malady has been to a certain extent overcome, it becomes imperative towards the second or third day to increase the dose of the salt to a small extent, as the system becoming accustomed to it, the quinine in its original dose would not suffice to maintain the mastery over the disease. For the same reason the medicine must not be diminished too rapidly, nor discontinued too early. Beau states that he has seen cases in which, up to the eighteenth day of

the disease, he could not suspend the medicine without such suspension being followed by a recurrence of the febrile symptoms. Should the stomach from excessive irritability reject the quinine (by no means an uncommon occurrence), it should again be administered in some other form, so that if one form does not suit another may. When, notwithstanding the form in which it is administered, the stomach obstinately refuses it, the quinine may be given in the form of enema, as experience has proved that its absorption readily takes place when given in this manner.—*Correspondent of the Med. Times and Gaz.*, July 2, 1859.

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Voltaic Narcotism.—In our number for April last (pp. 55–58), we published an account by Dr. B. W. Richardson of some experiments made by him on the production of anæsthesia by voltaic electricity. In the number of the *Medical Times and Gazette*, for June 29, Dr. R. gives the results of his further experiments, an abstract of which we proceed to lay before our readers:—

"On February 8, the operation of tying the femoral artery was performed on a dog by my colleague, Mr. Spencer Wells. It was on the dog on which the operation for removal of the leg had been performed on February 1, by Dr. Halford. The thigh having been shaved, a piece of sponge saturated with a solution consisting of fifteen grains of the aqueous extract of aconite dissolved in three drachms of spirit, together with four drachms of chloroform, was placed over the thigh in the traject of the artery, and was covered by a piece of clean copper-plate connected with the positive pole from the chain battery. The plate connected with the negative pole was placed on the outer surface of the limb exactly opposite to the plate laid over the artery. The battery was put into action, but played indifferently, and, after being applied twenty minutes, ceased to act altogether.[1] However, the plates were kept applied for twenty-five minutes longer, when they were removed and the operation was performed. On making the incision through the skin, the animal shrieked, and on tying the vessel the same expression of pain was evinced The operation indeed may be considered as a partial failure, in so far as the reduction of pain was concerned. The wound healed kindly.

[1] I found afterwards that there was a breakage in the chain.

"Two days after the performance of the above operation, I tried the femoral of the second dog referred to in my former paper, as the one from which Dr. Halford removed the left hinder limb. I operated on thia occasion on the right limb. Before commencing I passed a needle through the skin which gave rise to expression of acute pain. I now applied the plates from the chain battery; one plate having beneath it a sponge, moistened with the same kind of narcotic solution as was used in last experiment, was placed over the artery and connected with the positive pole of the battery; the other plate was made to clasp the limb lower down. The current was now set up and continued in steady play for an hour. The plates were then removed and the operation was performed. I intentionally took up as much time as possible, in doing the operation, but every step was so painless that the animal did not even require to be secured. The ligature of the vessel gave rise to no movement or noise. The wound healed well, and was nearly closed in six days.

"I performed a last operation on the dog last named by removing the fore limb on the left side. The application waa made exactly as in the previous cases of amputation, and the current was sustained for an hour. The battery played steadily. On removing the plates I went slowly through every step of the amputation without eliciting any expression of pain except at one point. As the edge of the saw approached the centre of the bone, the animal gave a short, sharp shriek; afterwards he was perfectly quiet. The dog was destroyed by narcotic vapour shortly after the operation. In another experiment I used a tincture of belladonna instead of aconite. The subject of experiment was a dog. A small hollow copper-plate, with sponge beneath saturated with the narcotic solution, and attached to the positive pole of the chain battery, was placed over the eyeball, the lid being closed. Another disk of copper, with moist sponge attached, and connected with the negative pole, was placed externally and laterally. The battery played well. After ten minutes the eyelids were so insensible that they could be pricked without pain. Ten minutes later Mr. Wells placed the speculum, and divided the superior and external recti muscles without any movement or uneasiness on the part of the animal. The insen-

sibility of the cutaneous surface extended in this case, for a time, over the whole of the face, and lasted for nearly two hours.[1] The animal, after squinting curiously for about three weeks, regained the use of the divided muscles, so that the eye became straight again. No mischief to the eye followed the operation.

"On the human subject I have had the opportunity of applying the process for producing local anæsthesia on several occasions. In five instances, the details of which are now in process of publication in the Report of the College of Dentists on 'Electricity as an Anæsthetic,' the process was adopted exactly after the method described in the case of extraction of a tooth given in my last communication. In three of these cases the success of the process was complete. In the others it was but partially successful.

"In cutting operations the process has been attended with some eminent successes, and with some singular failures.

"A patient was brought to me by Dr. Halford, suffering from whitlow. The affected finger was excessively painful and swollen, the epidermis being white and thickened. I applied to the finger the narcotic solution of aconite and chloroform with the voltaic current, in the hope of making the operation of laying open the abscess painless. However, after two hours, during which the patient, who was most anxious for success, waited patiently, no result occurred excepting the most superficial insensibility. At last the operation was performed by Dr. Halford; and our patient, who was exceedingly careful in his observation, explained that the deep incision was very severe.

"In a case of strangulated hernia, in which an operation was necessary, I applied the process while Mr. Hancock cut down to the stricture and divided it. I was called in on this occasion to administer chloroform, by Mr. Wotton, of Cavendish-square, who had the patient under his care. The patient was a large-bodied man, and the action of his heart was so feeble and intermittent, that I did not think the administration of chloroform safe; he was also himself averse to chloroform. For these reasons chloroform was not used by inhalation. In preparing this patient for the operation, I placed a copper disk with sponge beneath, charged with the narcotic solution of aconite and chloroform, and connected with the positive pole of the chain battery, over the line of the incision, while a copper-plate, of horse-shoe shape, surrounded with moistened lint and connected with the negative pole of the battery, was made to encircle the inner plate. The voltaic current was then set up. Owing to the circumstance that the arrangements had to be hastily put together the circuit was several times broken, giving rise to sharp shocks, of which the patient complained very much. After half an hour the plates were removed, and the operation was performed. During the operation, the patient did not wince or move, but he gave indications as of a passive suffering. This was most marked at the moment of the division of the stricture. The patient afterwards could give me no defined idea of what he had felt during the operation, and Mr. Hancock agreed with me that the severity of the operation had been effectually broken. Mr. Wotton has since informed me that for a few days after the operation there was some superficial vesication over the part where the narcotic solution had been applied, which caused a little inconvenience. The wound nevertheless healed favourably.

"Dr. Russell Reynolds was good enough to send to me a patient of his, for the purpose of producing insensibility of a portion of the arm. The man to be operated on was subject to fits of epilepsy, which curiously enough were controllable, to a considerable extent, if pressure were made above the elbow of the left arm. The case was one of great interest, and will, I doubt not, be described by Dr. Reynolds with all that care and ability for which his writings are conspicuous. Suffice it for me to say that Dr. Reynolds formed an opinion that if deep local anæsthesia of the arm could be produced the effect might exert a favourable influence over the general symptoms. Before I saw the man, an attempt had been unsuccessfully made to produce insensibility by the process now under description. I repeated the attempt, in my own way, in concert with Dr. Reynolds. A narcotic solution, consisting of two grains of sulphate of atropine and three drachms of chloroform was first applied, the current

[1] This extension of insensibility over the cutaneous surface, after the application of the narcotic, was noticed by Dr. Halford in our second experiment, and is a curious phenomenon. I have since noticed it, but less developed, in the human subject.

from the chain battery being used. Afterwards the solution of aconite and chloroform was freely applied, and the application, with the battery in steady action, was sustained for three hours. To my surprise not the slightest effect resulted. The skin did not whiten, and at no period was there a sign of anything like insensibility. In the case of the inflamed and hyperæsthetic finger, the cause of failure is accounted for without difficulty; but, in the present example, the cause of failure is involved in much deeper obscurity. Both cases may be accepted, as exceptional to the general rule.

"I am indebted to Dr. Pettigrew for the opportunity of applying the process now being discussed, in a case of removal of a tumour.

"The patient was a woman 47 years of age. She had a tumour on the right shoulder, of the size of a large orange. I placed over the tumour a hollowed copper-plate with lint beneath, moistened with the chloroform and aconite solution; this plate was connected with the positive pole of the chain battery. The conductor, from the negative pole, armed with moistened sponge, was placed on the flat surface of the shoulder, beneath the tumour. As it was required for the removal of the tumour that ten inches of cutting surface and deep dissection should be made, I continued the application for an hour, after which the plates being removed, and the parts having been well washed, the operation was performed by Dr. Pettigrew, with his usual operative skill. The patient was unconscious of the entrance of the knife and of its course; but as the tumour was being dissected out she gave expression as if suffering from some undefinable sensation, such expression as patients often give vent to during partial recovery from chloroform in the course of an operation. The tumour removed, and the patient calm, she expressed to us that she had no knowledge of having been cut, nor of the passage of the needles on inserting the sutures; but at some point of the operation she experienced what she called a 'wrench,' as if something was being removed by force. As in the hernia case, there was some superficial vesication of the skin in this instance, but the wound healed kindly and all went well. In so far as the mere production of local anæsthesia is concerned, this case may be considered as presenting all that could be desired. It would have been perfect could the time of administration have been curtailed, or the after-vesication prevented.

"Two other cases occur to me, lastly, as worthy of brief notice. In one of these I tried with the aconite solution in full quantity, and with a minimum proportion of chloroform, to produce insensibility of the anterior part of the eyeball, so as to enable Mr. Hancock to remove the cornea in a case of protrusion. I applied the narcotic for twenty-five minutes; and then, finding the eyelids insensible, and the conjunctival surface touchable without flinching, I let the operation go on. Unfortunately the patient was a child, and in great dread of the operation. He cried from the commencement of our proceedings, and cried stoutly during the performance of the operation. I believe the child felt pain.

"In another case I endeavoured to produce insensibility over the tendo-Achillis, to enable Mr. William Adams to divide the tendon painlessly by subcutaneous section. In this case I used as the narcotic a new mixture, viz., chloroform a drachm, with two drachms of a solution of sulphate of atropine containing one grain of the sulphate to the drachm. The application with the chain battery was continued for fifteen minutes; and although, from the circumstance that the child sobbed from fear from the commencement to the termination of our proceedings, it is impossible to say whether the pain of the operation was reduced, I think that the pain was not materially modified.

"From the consideration of the experiments and observations now supplied, let us pass, in conclusion, to an impartial survey of the results in their collective sense.

"Firstly, then, it may be accepted as a fact, that by the process I have suggested, such degree of local insensibility may be produced, as shall enable the surgeon to perform a large number of operations without pain. I mean this as a general rule, open, as we have seen, to exceptions.

This admitted, the question arises as to the mode by which the local anæsthesia is produced. My esteemed friend, Mr. Nunneley, of Leeds (in an essay, published in the *Transactions* of the Provincial Medical Association for 1849), has pointed out, by a variety of experiments, that the mere local application of narcotic solutions will produce a certain degree of local anæsthesia.

Nothing could be more conclusive than Mr. Nunneley's argument, and I have all along been alive to the fact of simple absorption as an important part of the process now being considered. The effect of the voltaic current, as I have employed it, makes the insensibility to extend more deeply, and renders it, as a general fact, more complete. A striking example of the difference between an application with or without the current, is given in the case of the girl with bursa, on whom the experiment was put to the test with the minutest attention to details and comparisons.

"As to the reason why a continuous current of electricity should exert the influence above named, the argument is simple enough. The current itself has no anæsthetic effect. That is certain; but it has the power of quickening the capillary circulation in the structures through which it is transmitted, and the absorption process is therefore more rapid and determinate. That various medicinal substances may be passed into animal bodies locally by the voltaic current was first suggested (as Dr. Althaus has been good enough to inform me) by Sir Humphrey Davy; and Fabré-Paraplat and many other experimentalists have endeavoured since Davy's time to prove this by demonstration. Differences of opinion have thus been called forth; but the first and affirmative statements have never been disproved.

"That there should be differences of opinion from experiments conducted by different persons, is not difficult to believe by any one who will peruse those which I have described. These difficulties may depend on peculiarities in the subjects operated on; they may depend, and I confess this is more likely, on the ignorance which pervades the wisest of us, as to the influence of electricity on the organism, and on our further ignorance of the laws of the electrical force altogether.

"Turning to more common, but yet practical points, I observe that there are certain disadvantages in the process I have suggested which it would be unfair to suppress. The first disadvantage is that the time required for the production of insensibility is long; the second, that some degree of pain is produced during the first stages of the application, which pain, however trifling, destroys the confidence of the patient; and, thirdly, that the apparatus necessary is cumbersome. The production of vesication of skin, to which I have referred, as following the process, is also objectionable. This is produced by the chloroform.

"It will occur to many that the objections here noticed are all removable, and of this fact there can be little doubt. In the present initiatory step, I neither claim for the apparatus nor the narcotic solutions employed any particular favour; it is sufficient at first to introduce a principle; details may be left to time and experiment."

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Abstract of a Lecture on the Classification and Geographical Distribution of the Mammalia. Delivered in the Senate House of the University of Cambridge, May 10th, 1859. By Richard Owen, D.C.L., &c. &c.—The learned Professor expressed his sense of the honour which had been done to him by the appointment to the Sir Robert Reade's Lectureship,[1] and the pleasure it would afford him to give to the members of the University a brief account of some of the prominent features of one of the divisions of the animal kingdom. He had selected the subject of the Classification and Geographical Distribution of the Mammalia, because it afforded an opportunity of taking a general survey of one of the most interesting domains of nature in the short period allotted to a single lecture.

He detailed briefly the principles and peculiarities of the classifications which had been respectively formed by Aristotle, Ray, Linnæus, and Cuvier. The first of those naturalists had evinced a very extensive and correct knowledge of the mammalian group, by including the cetaceans in it, and by the manner in which he had divided it into the three great classes of Bipoda, Tetrapoda, and Apoda. From the time of the publication of his remarkable treatise, Ἀι περι τα Ζῶα Ἱστοριαι, a period of more than two

[1] The endowment for this lectureship was given to the University in 1524, by Sir Robert Reade, Lord Chief Justice of the Common Pleas in the reign of King Henry VIII. A statute approved by Her Majesty, by order in Council, April 6th, 1858, directs that the lecturer shall deliver one lecture in term time in every year. The lecturer is to be appointed by the Vice-Chancellor during the Lent Term in every year, and to deliver his lecture in the Senate House, on a day to be fixed by the Vice-Chancellor. The present Vice-Chancellor, accordingly, appointed Professor Owen, being desirous that the office should be held for the first time under the new statute by one who would shed a lustre upon it, and who, at the same time, is not a member of the University.

thousand years elapsed without any advance in the subject; and nothing indicated more forcibly the decadence or dormant condition of the human intellect, during a great part of that period, than the dearth of new facts and generalizations in natural history. To Ray, a member of the University of Cambridge, was due the merit of again opening up this interesting field of knowledge, of adding many new facts, and especially of pointing out clearly the distinctions of class, order, genus, and species; but in his generalizations he was, in some points, inferior to his great predecessor, whose classification he in the main adopted. Cuvier had given a great impulse to the science; and, by dint of vast research and unusual capacity for generalization, had worked a far more complete and satisfactory classification than had hitherto been attained. His classification had been generally followed in the early part of this century; nevertheless, there were felt to be some defects in it, and the minds of anatomists had been preparing for some modification of it. It was the lecturer's good fortune to have the opportunity of examining many animals which had not before been dissected, especially those from Australia, which had been brought over to our Zoological Gardens; and he had been enabled to establish the separation of the marsupials and monotremes as a distinct class. Nevertheless, he did not feel quite satisfied, and had bestowed much labour for many years upon the investigation of the characters of the brain in the different classes of animals; and, two years ago, he felt himself strong enough to draw out a classification of mammals founded upon the differences in the characters of the brain. That organ consists, in mammals, of four parts—the cerebellum, the optic lobes, the cerebral hemispheres, and the olfactory lobes.

In the lowest order of mammals—the non-placentalia—which includes the monotremes and the marsupials, there is no connecting medium or commissure (*corpus callosum*) between the cerebral hemispheres; and these parts are very small. These animals, therefore, he names LYENCEPHALA, or loose-brained. He had paid particular attention to the habits and characters of these animals, to ascertain with what peculiarities the absence of so important a part of the nervous centre is associated; and he found that there is in them a remarkable want of *memory*. The keepers in the Zoological Gardens observe that these creatures do not become familiarized with them, or recognize them. And though, in external features, some of the non-placentals resemble certain of the members of the placental class, yet the following difference may usually be remarked. The member of the latter—a carnivorous animal, perhaps—when put into his cage, will at first seek to discover means of escape, will try every panel, and search every corner; but, having spent a day or two in this way, he gives up the search as useless, and resigns himself to the occupation of walking to and fro in his den. The lyencephalous animal, on the contrary, unable to profit by the experiences of former trials, continues over and over again to repeat the same fruitless efforts to liberate himself.

The metropolis of the marsupials is Australia; and the pouch, into which the young is conveyed immediately upon birth to be protected and fed, serves as a sort of portable nursery, enabling the mother to carry her offspring about with her. This must be associated with the remarkable dearth of water which is often experienced in Australia; one or two, or even nine years, sometimes passing, during which there is scarcely any rain. In this time, the pools, and even the rivers, become dried up; and the animals must travel many miles in search of that necessary of life—water. Were they, under these circumstances, obliged to leave their young behind, these would perish ere their return.

As an evidence—one to his mind the most striking—of design in the work of creation, Professor Owen instanced the provision for the feeding of the young marsupial. While in its mother's pouch, it is too young and feeble to make any effort to provide for itself. The milk must be forced down its throat, and would find its way into the trachea, as well as into the œsophagus, were it not that, during the process of feeding, the larynx is carried forward to the back of the nostrils, so that the milk can pass safely down on each side of it while respiration goes on. There is a provision in the mother to propel the milk into the mouth of the young; and there is this provision in the young to secure the proper transit of the milk into the œsophagus. If, in the coincidence and adaptation of these provisions to one another, there is not design, where are we to look for it?

The next class of animals he calls Lissencephala; because in them the cerebral hemispheres, though larger than in the preceding class, and united by a transeverse commissure, are quite smooth—that is, without convolutions. This includes the rodentia, bruta, insectivora, and cheiroptera. They are cosmopolitan, being found in all parts of the world, though a large number of them are natives of South America, and some are confined to that region. The instincts are commonly much developed in them.

Under the name Gyrencephala he classes the animals in which the increased amount of gray matter requires for its packing that the exterior of the cerebrum be thrown into convolutions or *gyri*. This part of the brain is also much larger than in the former classes. The cetacea, sirenia, toxodontia, proboscidia, terissodactyla, artiodactyla, carnivora, and quadrumana, are included in this class.

The Professor pointed out some of the chief distinguishing features of the several orders, particularly with reference to the locomotive organs and the teeth. He drew attention to the fact that, in animals where the numbers of the toes are even (as in ruminants, where there are two; and in the hippopotamus, where there are four), the stomach is complicated in its structure, and the colon is simple; moreover, the articular surface of the astragalus is divided into two equal, or nearly equal, parts; and the structure of the teeth is symmetrical: whereas in the animals, where the number of the toes is uneven (as in the horse, where there is one; in the rhinoceros, where there are three; and in the elephant, where there are five), the stomach is a simple bag; the colon is more complicated; the articular surface of the astragalus presents unequal facets, or only one; and the structure of the teeth is unsymmetrical. Further, in the even-toed animals, it is very curious that the horns are always in pairs, usually two; or, if more than two, there are four, two being placed behind the others: whereas, in the uneven-toed animals, there is rarely more than one horn, which is in the middle line; and if there be more than one, as in the two-horned rhinoceros, they are still not in pairs, but in the middle line, one behind the other. Thus some countenance is given to the Platonic idea of the prevalence of numbers.

The highest class, Archencephala, which comprises only man, is distinguished by the great development of the hinder lobes of the cerebrum; these quite covering the corpora quadrigemina and the cerebellum. The posterior horns of the lateral ventricles, and the hippocampus minor, are peculiar to man, not existing in any other animal. Coincident with this perfection of the brain, we find a corresponding perfection in the other organs, as evinced by the more complete manner in which particular parts are devoted to particular purposes. This is especially seen in the case of the foot, which, by the strength and conformation of its components, and by the construction of the great toe, is enabled to do the whole work of bearing and propelling the body, so that the upper pair of limbs are left free to minister to the intelligent will.

The professor concluded by an eloquent appeal to his audience to set a proper value upon that marvellous mechanism with which they were gifted, and which was fitted to be, and which ought to be, the tabernacle of the Holy Spirit.—*British Medical Journal*, May 21st, 1859.

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Spirit Rapping.—At the meeting of the Imperial Academy of Sciences on the 18th April, Mr. Jobert de Lamballe read a very curious paper, the subject of which is highly interesting both to the physiologist and the pathologist. Some time ago this distinguished surgeon was called upon to visit a young girl about 14 years of age, who, for six years, had been suffering from involuntary movements of the peroneus brevis muscle of the right leg. The cause of this peculiar affection could not at the time be accounted for; the movements were characterized by pulsations or knocks, presenting all the regularity of a pulse, each pulsation, or rather knock, being distinctly heard at some distance as proceeding from behind the external malleolus. A similar affection, in a less intense degree, declared itself shortly after at the same point in the left leg. Pain, hesitation in walking, and a tendency to fall were some of the effects attendant on the malady. On extending the foot, and on applying pressure to certain points along the course of the muscle, the patient could arrest the pulsations; but these manœuvres invariably produced pain and fatigue in the limb. The parents of the girl had begun to entertain the notion that the peculiar sounds or knocks which pro-

ceeded from the limb were the result of some supernatural agency, and it was only after a careful and scientific investigation, conducted by M. Jobert, that their minds were disabused of this idea. He found that the peculiar sounds were produced solely by the rising and falling of the tendon of the peroneus brevis muscle during the action of the latter, and at the part where the tendon passes along its osseous groove. The involuntary character of the movements, he attributes to some peculiar functional trouble of the muscular fibres, or of the nerves supplying them. Although in the case in question the pulsations or knocks were altogether independent of the volition of the individual, still he believed it possible that by a little practice they could be produced at will, and that it is to the possession of this peculiar power that the entire secret of mediums and spirit-rappers is due. He moreover stated that the muscles and tendons, both of the shoulder and of the leg, are equally capable of producing these peculiar sounds; and he related the case of a lady who could give rise to them at the hip-joint by assuming a particular position. Certain conjurers had been known who could even produce a kind of harmony by a succession of knocks, thereby imitating the tune of a dance, or a military march. M. Jobert terminated the history of this interesting case with a few remarks on the treatment which he adopted. The medical man in attendance, and at whose request he had been called to see the girl, had failed to do her any good, although he had employed a great variety of remedies, such as leeching, blistering, continued pressure over the part, etc., together with the internal use of mineral waters. M. Jobert proceeded as follows: By means of the subcutaneous section he completely cut across the body of the peroneus brevis of both legs, and afterwards, by means of a suitable apparatus, put up the limbs so as to secure their perfect immobility. On reunion taking place the girl recovered the complete use of both members, and no trace of the affection has since appeared. The cure was complete. On continuing his remarks on this case, M. Jobert observed that a German physiologist, M. Schiff, whose attention had been attracted to this curious subject, made a discovery some three or four years ago, as to the seat and origin of these peculiar sounds (which are so commonly attributed to supernatural intervention) almost identical in result with the conclusions he himself had arrived at. Remarking that the sounds proceeded invariably from the foot of the bed of individuals who pretended to be influenced by spirits, M. Schiff began to entertain serious doubts of their supernatural origin, and was not slow in concluding that they were the result of natural causes existing in the body itself. His knowledge of anatomy led him to think that the seat of these sounds might be the peroneal region, where there exist a bony surface and two tendons running in a common groove. A series of experiments and observations made on himself confirmed him in this belief: he found that the exact seat of the sounds was behind the external malleolus, and in the bony canal along which pass the tendons of the peronei muscles. By practice he was enabled, in whatever position he placed himself, to imitate all the tricks and prodigies of spirit-rappers—in short, he established the fact that these peculiar noises originate in the tendon of the *long* peroneus muscle, and that they are dependent on a diminution in the thickness of the sheath, or in the total absence of the sheath in this muscle. M. Jobert, while agreeing with M. Schiff as to the seat of these sounds, differs with him, as we have already seen, as regards the particular muscle producing them. The one maintains that it is the peroneus brevis, the other is of opinion that it is the peroneus longus which is mainly concerned in their production. There is also another point on which they differ, viz. that while the sounds or knocks observed by Schiff were purely physiological, and due to movements dependent on the will; in the case of M. Jobert's patient they were the result of movements of an involuntary nature, painful, and consequently morbid. Altogether the subject is one of much interest, and well meriting a further investigation on the part of anatomists and physiologists. By enlightening the world on the purely physical character of these sounds much may be accomplished in the way of dispelling the absurd superstition connected with spirit rapping.—*Med. Times and Gaz.*, May 14, 1859.

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Obituary Record.—Died June 12th, 1859, in the 46th year of his age, Jacob Bell, Esq., President of the Pharmaceutical Society of London, and editor of the Pharmaceutical Journal.

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HABERSHON, DISEASES OF THE ALIMENTARY CANAL, 8 PAGES.

GULSTONIAN LECTURES.

On Fever and Inflammation. Delivered before the Royal College of Physicians, London, 1859. By WILLIAM ADDISON, M. D., F. R. S., F. R. C. P.

LECTURE I.

MR. PRESIDENT AND GENTLEMEN.—If we carefully examine into the causes which produce disease, it will be found that, in a great majority of instances, they may be resolved into some violation or neglect of the natural laws upon which the healthy actions of the animal frame depend. So also, on the other hand, the means of cure in such cases will be found to consist in aiding and adjusting natural efforts to re-establish those laws and conditions which have been outraged or infringed. Let us observe what these natural efforts are.

In the repair of injuries to the human body, certain parts are healed by the growth or production of elements identical with those of the wounded texture. On the other hand, there are organs, injuries to which are repaired, not by the growth of elements identical with those composing the injured organ, but by elements of the same kind with those which are effectual for cure in the former cases. The result is that, in all examples, and in very different parts of the body, the elements of repair appear to have a common form or nature. Now, the parts which are restored by the production of elements identical with those composing the injured texture, are such as have the most general distribution in the body, and are ministering to the purposes of life in the lowliest or simplest manner.

For example: Fibrous and connective tissues and bloodvessels are everywhere present; no part of the body can be said to be without them; all these are speedily reproduced or repaired when injured or broken.

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Tendons, ligaments, and bones, are of a very general distribution: these also are repaired by new growths of tendinous and osseous tissues. But when we come to investigate the healing process in more special organs, it assumes a different aspect. For, if a portion of the muscular flesh be rent away by an accident, cure is effected, not by the growth of new muscular fibres, but by a growth of common fibrous tissue. So likewise, if a part of the lung, of the brain, or of the liver or kidney, be destroyed by accident or disease, cure, if effected in these instances, is so, not by a growth of the special parenchyma, but by a common fibrous tissue.

Upon this ground, then — namely, the common form of elements of repair—we purpose to review the human body as a structure composed of three orders or classes of parts: a common tissue; the blood; and parenchymatous organs.

I *A Common Tissue: its several Forms and Uses.*—The areolar tissue is a common tissue diffused throughout the whole body. It invests the exterior, and enters with the bloodvessels into the interior of every organ. Its elements everywhere incorporate with the coats of the vessels. And in all fibrous membranes the elements of the membranous tissue between the bloodvessels are of the same kind with those forming the coats of the vessels.

In natural growth, in the embryo, areolar tissue is at first composed of cells and nuclei, and the coats of the bloodvessels, and those parts of the body which are hereafter to become tendons, ligaments, and bones, consist in the embryo of cells and nuclei also. As growth proceeds, the areolar tissue becomes fibrous; and, *pari passu* with it, the coats of the bloodvessels, tendons, and membranes generally, become fibrous. When growth has been completed, nuclei are found incorporated with the fibres in fibrous membranes, in the coats of the bloodvessels, in capillaries, in periosteum, and also intermingled with the elements of bone. Fibrous membranes and areolar tissue are modelled to the subdivisions of the organ they invest; and bones mould themselves to the soft parts they inclose. If the brain be monstrous at birth, the fibrous membranes and bones investing the organ are monstrous also.

In animals where the hair is party-coloured, the fibrous tissue of the skin is patched in corresponding lighter and darker shades; and in such cases we have observed the pia mater patched in similar shades, the pigment being incorporated in the coats of all the small bloodvessels. In some birds of dark plumage, the periosteum is almost black the tendons are tinged with black, and the coats of the bloodvessels are spotted black.

We have said that the elements of repair have a common form. In the human body all mechanical injuries, wounds, and fractures, are cured by a common granulation and fibrous tissue, which pass through the same phases of growth as the original connective tissue and bloodvessels in the embryo.

From pathological anatomy we know that plates of osseous tissue are often found incorporated in fibrous tissues, and also in the coats of the bloodvessels; nay, they sometimes hang loose in the form of *phlebolites* in their interior. In five instances of phlebolites examined by Dr. John Reid of Edinburgh, and in others observed by Dr. G. Burrows, Tiedemann, Otto, Carswell, etc., they were attached to the inner coat of the veins by thin fibrous cords. Dr. Reid describes them as hard bone; two of them were analyzed and found to consist of phosphate of lime, carbonate of lime, and animal matter in proportions similar to those existing in bone.

In some experiments recently published, it was found that the periosteum, when separated carefully from a bone and wrapped round a portion of the muscular flesh in a living animal, continued to generate or secrete bone around the muscle, as it would have done around the bone had its removal from it not taken place. And generally all fibrous tissues, both those of original and those of reparative growth, are disposed to, and do very frequently, take on a change to bone or osseous tissue.

These are the grounds upon which we argue a common nature or a common element in the bloodvessels, and in the fibrous and osseous tissues. Periosteum, pericardium, dura mater, pia mater, the coats of the bloodvessels, areolar tissue, tendons, ligaments, and bones—all these we propose to comprehend under the designation of Common Tissue, because they are all reparable by the production of conformable elements. They have a common mode of growth; and are all subordinate tissues—connective, blood-distributing, and supporting tissues.

Objections, no doubt, can be raised against

this comprehensive classification; but we shall endeavour to substantiate its propriety by numerous facts; and, when particulars are properly placed in harmony, they become united and form a class, which, if appropriate, may suggest laws fitted to form elements of higher inductions.

Blood, as it circulates in the living body, consists of a colourless fluid; and swimming in it are the red corpuscles. When withdrawn from the body by venesection, blood soon coagulates, forming an uniform soft solid, which is commonly of a deep red colour throughout. There are many occasions, however, where blood before coagulation separates into two parts; the uppermost fluid and colourless, the lower red. The former part, termed lymph, plasma, or liquor sanguinis, forms on coagulation a tough, white, fibrous clot, or tissue; the latter part contains the red corpuscles, and forms a much more loose or friable mass. This spontaneous separation of blood whilst still fluid into two parts, viz., the colourless element or plasma, and the red corpuscles, warrants the distinction we shall preserve and enforce between the fluid or plasma and the red corpuscles.

II. *Relations of the Common Tissue to the Fluid or Plasma of the Blood in Natural Growth, and in the Process of Repair, as observed in Common Injuries.*—The human embryo is a body which, in a brief space of time, grows from a microscopic mass of colourless cells into a complex structure composed, with other things, of numerous forms of fibrous tissue, bloodvessels, tendons, ligaments, and bones. At this time, the blood abounds most profusely in colourless or plasma elements. During pregnancy, the placenta, a mass of common tissue, and the bloodvessels of the uterus, are in active growth; and the blood of the pregnant woman abounds in colourless elements. On viewing the circulation of the blood in a living animal, if the part under observation be roughly handled or irritated, the colourless or plasma elements of the blood may be seen lingering upon or adhering to the coats of the vessels; whereas no such attraction is seen between the coats of the vessels and the red corpuscles. The ordinary process of repair involves new growth of bloodvessels and fibrous tissue; and, if blood be drawn from within the sphere of the action, it is found to be highly charged with colourless or plasma elements. The inference from these facts is, that the plasma or colourless elements of blood furnish material for the growth of the common tissue.

But what are the proverbial effects of common injuries? and with what phenomena is their healing or cure accomplished?

If a part of the body be scalded, it speedily becomes red, and a colourless fluid is effused beneath the epidermis; after a short time, the sore or wound heals spontaneously. In burns, the object inflicting injury is higher in temperature; its influence extends more deeply; a portion of the skin is killed. At first, the dead part adheres firmly to the living parts beneath; but afterwards, when a discharge of pus appears, it loosens, and may be easily taken away as a slough, without pain or bleeding.

Case.—A young lady with fever had been in bed fourteen days, and a slough formed on the lower part of the back. When first examined it was black and dry; it adhered very strongly to the parts beneath, and any attempt at its removal would have caused pain and bleeding. But, a few days afterwards, when a discharge of pus appeared, the slough gradually became loosened, and then peeled off spontaneously, without pain or bleeding.

In all cases, the detachment of a slough without bleeding is consequent upon the appearance of the purulent discharge; and when it has fallen off, a new tissue, termed granulations, comes into view. These consist of new bloodvessels traversing embryoniform elements; and they follow the same course of growth as the common connective or blood-distributing tissue in the embryo. Granulations change into fibrous tissue for the reparation of fibrous tissue, and into bone for the repair of bone.

But, before a slough can thus fall off, there must have been a severance of the bloodvessels and other bonds of connection which previously united the dead with the living parts. This severance is accomplished by granulations and pus, without any bleeding. And, as the new vessels of the granulations carry on the circulation of the blood, so, therefore, there is positive proof that the older vessels must have opened for communication with the new ones by alteration and absorption of their coats, without any loss of blood.

When a thorn has entered the flesh, if it be not speedily removed or taken out, abscess and ulceration appear in the parts

around ; and thus the offending body is loosened and discharged. The action thus set up will go on until the offending body be cast out ; whereupon the parts return to their natural state spontaneously.

Case.—A forgeman was struck in the eye by a small particle of iron, which remained impacted in the cornea. He had been suffering from the accident for three or four days. The eye was red, from preternatural vascular action; and through a lens the wound in the cornea was seen filled with pus, the particle of iron still sticking in the middle of the sore. Abscess and ulceration had taken place in the tissue in contact with the foreign body. And that they formed part of the natural effort to loosen and cast out the injurious substance, may be presumed ; because, upon the removal of it by surgical means, abscess and ulceration ceased spontaneously, and the eye in a very speedy manner was restored to its natural state, without any further extraneous aid.

If the ends of a fractured bone be examined between the first and tenth day after the injury, the periosteum and medullary membrane are found torn ; the neighboring soft parts swollen ; and blood is effused between the fragments. The periosteum and medullary membrane have, both of them, lost their fibrous character at the place of fracture ; both have become the seat of a mass of granulations, which grow in the form of rosy points, and unite, interlacing with one another, so that the fractured ends of the bone are surrounded on all sides by granulations. From the tenth to the twentieth day, the granulations assume a firmer and more fibrous character ; they are converted into fibrous tissue. Between the twentieth and the sixtieth day, according to the age and constitution of the patient, the fibrous tissue becomes converted into a spongy, and finally into a compact osseous tissue.

The liver or kidney is sometimes the seat of a parasitical creature termed *acephalocyst*. In such cases, abscess and ulceration may take place in the surrounding tissue ; and it is worthy of note to observe the outlet of the contents of the abscess frequently barred in all the most dangerous directions by a thickening and strengthening of the fibrous tissues, whilst, at the same time, in some safer point of the circle, the overlying tissues are thinned away by absorption. Likewise in the lung, if an abscess, the result of softening tubercles, be near to the surface of the organ, and therefore likely to discharge its contents into the cavity of the chest, the accident is provided against. Adhesions form between the wall of the chest and the lung. Fibrous connective tissue grows abundantly upon the threatened spot, whereby the escape of matter from the abscess in that dangerous direction is very often prevented.

When a bloodvessel has given way in the brain, a clot is formed, and the contiguous parts are softened by a species of abscess. If all other circumstances are favorable to recovery, reparation, in a great degree, is effected even in these cases. The walls of the abscess change into common fibrous tissue ; absorption of all the fluid part of the clot ensues ; and the new fibrous tissue fills the space which may have been occasioned by any spoiled or lost portion of the brain-parenchyma.

In smallpox, numerous pustules or abscesses appear in the skin. With the full growth of the pustules, the fever declines.

In all these examples, granulations and pus—abscess and ulceration—are established for the avoidance of greater dangers, for the purpose of throwing off dead and injurious matter from the living body. Nor can we doubt that the purulent discharge in such cases performs an office in the series of events as useful and necessary as the granulations. Granulations and pus are both of them forms of primitive or embryoniform cell-growth. Granulations are the basis of the new repairing texture ; they are traversed by numerous new bloodvessels ; and they change, as before said, into fibrous tissue where fibrous tissue is needed for cure ; and this again changes into bone where bone is needed, as it is for the cure of a fractured bone. Pus, on the other hand, is incoherent, and seems by this special quality to be fitly an agent in the separation of sloughs, and in the discharge of other injurious matters from the body. The particles of pus are colourless, and granulations are red only by reason of the number of new bloodvessels which traverse them ; for, when granulations are altering into fibrous tissue, the number of bloodvessels greatly diminishes ; and then the texture resumes its natural or proper hue, which is colourless or white. Abscess and ulceration are terms which comprise the effects produced upon the older tissue by the growth of the new one ; namely, the loss and absorption it undergoes.

Let us briefly recapitulate the facts, and state our conclusions.

At early periods of natural growth, and in pregnant women, where the placenta is growing, the blood *generally*, and, within the sphere of new growth for purposes of reparation, the blood *locally*, is highly charged with colourless or plasma elements. The fluid which exudes from the bloodvessels upon slight injuries—scalds, blisters, and scratches—scarcely differs at all from the plasma. The elements of granulations and pus are colourless, and hardly to be distinguished from the colourless corpuscular elements of the plasma which may be seen in some animals adhering to and accumulating upon the inside of the coats of vessels which have been irritated or wounded.

"The elements of exudations," says Rokitansky, "are found preformed within the vessels; and the character of the subsequent products is thus shown to be dependent upon inbred transformations of the blood, and more particularly of its plasma." Or as we, in somewhat different words, gave expression to the same fact many years ago, "Colourless corpuscular elements of the blood accumulate upon the coats of irritated or injured bloodvessels, and thereby change their character; and from the altered vessels issues the new product, both in repair and inflammation."

Our conclusion is, that a common connective blood-distributing tissue is diffused throughout the whole body; that bloodvessels, fibrous tissues, and bones, are forms of this tissue; and that, in all cases of injury—wounds and fractures—cure is accomplished by new productions of this tissue, the materials of which are derived from the fluid of the blood.

There is, then, a more intimate relation between the fluid of the blood and its containing vessels than between them and the corpuscles of the blood. And bloodvessels are quickly repaired and reproduced, because their coats are constructed of elements of the plasma—elements which readily corpusculate and fibrillate.

A slough off the skin or outer integument is thrown off easily, without bleeding. In such cases, we presume, therapeutical reactions, comprising suppuration, ulceration, granulation, and purulent discharge, are observed under the best circumstances.

In carbuncle, the dead tissue lies beneath the living skin. The process of separation is therefore protracted until a free outlet has been made either by the natural efforts, or by the knife of the surgeon. In common issues, granulation and suppuration may be almost indefinitely protracted by keeping peas in the sore. In necrosis of bone, the dead bone lies beneath the living skin; nay, sometimes it is included within a shell of new-grown bone. In all these cases, granulation, suppuration, and ulceration, are protracted or chronic. The protraction, however, is not chargeable upon any pathological action; the action is physiological, tending to repair; but success is hindered by physical difficulties, as in the following example.

Case.—George S., aged 18 years, was admitted into the Sussex County Hospital on April 1st, 1857, under the care of Mr. Lowdell. He had suffered for four years from necrosis of the tibia. Portions of dead bone had from time to time been removed; but no great benefit had resulted. He had now two fistulous openings—one at the upper end of the bone, the other close to the inner ankle—through both of which dead bone could be felt. The intermediate portion of the leg presented that chronic thickening and inflammation of the skin which usually arise from long-continued disease. He was anxious to undergo any operation; for the continually repeated attacks of inflammation impaired his health, and rendered him unfit for any work.

Chloroform was administered; and an incision was made along the front of the upper part of the tibia, so as to include the upper opening and penetrate to the bone. Dead bone could now be seen; but the opening through the new bone was so small that it required enlargement before any portion of the sequestrum could be taken hold of.

"I now found," says Mr. Lowdell, "that the dead bone reached downwards the whole length of the tibia; and then began the physical part of the operation—the trephining, chiselling, and gouging through new bone, so hard and thick that the proceedings were more like those on a carpenter's table than operating on a human subject. The opening made in this man's tibia was eight or nine inches in length, more than an inch in depth, before all the dead bone could be removed."

The recovery was complete and satisfactory. In a few days after the operation, the surface of the bone was covered with granulations; new integuments formed; and in

less than three months the patient was discharged cured. His leg was, in June, 1858, as strong as the other.

In this case, it is demonstrated, as much as anything of the kind can be, that the action which had been going on for years, and which contributed to weaken and disable the patient, was not a diseased action, in any proper sense of the terms. On the contrary, it comprised the resistance opposed by the living tissues to the decomposition of the dead bone.

The fistulous openings were outlets for the discharge of spoiled and offending matter, necessary so long as the dead bone remained: and, because the reactions cannot effect the expulsion of dead bone in diseased joints and other cases, we have no warrant, therefore, without heed of the surrounding circumstances, to invest them with an exclusive pathological meaning. Therapeutical reactions (as in the case related), when opposed by insurmountable difficulties, may contribute to weaken and undermine the health of a person; but without them the decline of the life of the patient would be the more rapid, because the decomposition of the dead bone would, in such case, be speedily communicated to the contiguous tissues. In all severe injuries, compound fractures, crushed joints, contusions, and lacerations, inflammation, suppuration, granulation, and purulent discharge, must be regarded as phenomena of therapeutical reaction, notwithstanding that, from the severity of the accident or other causes, the health and life of the patient may be endangered in the process.

It follows, then, that forms of inflammation, granulation, pus, suppuration, and ulceration, are ordinary phenomena of therapeutical reaction in injuries and disease of the common tissue. The action is between the bloodvessels and the plasma or fluid of the blood; and protraction or chronicity, or even danger to life from physical hindrances, does not impugn the idea or exclude the conception of a process established for reparation, though it should fail.

In the examples we have particularized, the common tissue takes the initiative, as it does in all mechanical injuries. Let us, then, now proceed to speak of the other element—the other moiety, as it were—of the action; namely, the fluid or plasma of the blood.

III. *The Fluid or Plasma of the Blood.*—The plasma is a very complicated fluid. Its chief constituents are water, fibrin, albumen, colourless corpuscles, volatile matter, fatty compounds, and salts. In its passage through the capillary vessels, it permeates all organs and tissues; and, at various points of the circulation, the parenchymatous depurating organs remove from it those substances which, if retained in it, would injure its qualities. We find that numerous soluble compounds—substances, for instance, which have been taken as food or drink, and poisons received into the stomach—are absorbed into the plasma, whence they may be again eliminated or removed, changed or unchanged by the depurating organs—the organs of secretion.

Many of the common poisons have a local action as irritants, and also a remote or special action upon some parenchymatous organs; other poisons exhibit only the remote or special action. Cantharides has a special action as an irritant to the stomach; it also affects remotely, through the plasma, the urinary organs. Morphia, taken by the stomach, affects specially the brain, through the plasma. Digitalis, taken by the stomach, affects the heart; strychnia the spinal marrow, through the same medium.

In experiments on animals with prussic acid, it has been found when death took place within a few minutes only, that the odour of the poison could be perceived in the cavities of the body; and again in other experiments, where preparations of antimony were injected into the blood by a vein in the thigh, the metal has been found in the coats of the stomach.

From these and numerous other facts, which it is unnecessary to particularize, we learn that poisonous substances, taken by the stomach, enter the plasma or mingle with the fluid of the blood; and thereby the poisoning, not of all, but of some one parenchymatous organ ensues, determined by the nature of the poison, and the special qualities of the parenchymatous elements of the different organs. But if we compare the actions of these common poisons received into the body through the stomach, with the action of aerial poisons inhaled by the lungs, important differences will be found. In the former, the symptoms do not begin with fever, nor is any contagious matter generated in the blood; whereas both these phenomena are distinguishing features of the latter. Here, then, we have a ground for our argument, that the two parts of the blood have

distinct pathological relations; for poisons taken by the stomach exhibit themselves by symptoms which proceed from some local parenchymatous organ, and they do not cause the production of a contagious matter in the blood; whereas poisons inhaled from the atmosphere by the lungs very often do so. Yet both species or classes of poisons act through the medium of the blood.

In 1832, numerous cases of cholera, then epidemic, were treated by saline injections, thrown into the blood in large quantities, not only without hurt to the patient, but in some instances with great apparent benefit. Among many others, there is a very remarkable case reported in the *Lancet* (vol. ii., 1831 and 1832), in which five gallons of saline liquid were injected by a vein, in four days.

The first injection was to the amount of nine pounds and a half; it was thrown into the circulation in the space of eighteen minutes. A few hours afterwards an additional ten pounds of the saline fluid were injected, with four ounces of albumen. This was at one of the clock on the morning of May 29th. At half-past seven of the same morning the injection was repeated to the amount of ten pounds, with the addition of ten grains of sulphate of quinine; at half-past eleven, the injection was repeated to the amount of ten pounds. On the 2d of June, at half past four in the morning, six pounds and a half of the saline fluid were injected, with six drops of a solution of morphia; and on the 19th of June the patient is reported to have left the hospital, well.

If we look around, we may see in all classes of society individuals of various conditions of body. We may contrast the florid complexion with the pale thin face; tissues laden with fat with the spare habit; those who luxuriate in good living with those existing on bread, potatoes, and water. Persons in each of these classes may be following their daily avocations in good health, yet the blood fluid, we know, cannot be the same in all of them; nor can it be the same or have the same qualities in the same person, if he greatly alter his diet, his food and drink. In the chemistry of the blood, there are scarcely two analyses of it alike; and the milky serum sometimes seen in blood after venesection has been referred to articles of diet, or to the recency of a meal, which has for a time changed the qualities of the plasma.

These facts support or coincide with our argument that the blood must be regarded in respect to its pathology, as consisting of two distinct parts; and of these, that the plasma or fluid holds a position of different or inferior rank to the red corpuscles in the functions of life. It furnishes elements of growth and reparation to its containing vessels, the common tissue; and it is the medium in which the corpuscles swim; but it varies within certain limits, in qualities and composition, from day to day, according to the nature and abundance of the food and drink; nay, further, it appears that it may vary, in quality and composition, from poisonous substances taken into the stomach, so as to occasion symptoms of poisoning in some local parenchymatous organ, before any of the symptoms of fever appear, and without evidence of the generation of any contagious matter in the blood.

IV. *Distemperatures or Dyscrasies of the Plasma or Fluid of the Blood.*—There are varieties or changes of health—moods, tempers, and feelings—dependent upon qualities of blood which are temporary, multifarious, and fleeting. They are cured by attention to diet and the excretions; by good living in those who have fared badly, or are half-starved; by abstinence and physic in those who have abused the good things of the table. These changes in the moods and feelings of the individual have all the characters of dependence upon that part of the blood which is quickly replenished and altered by diet—namely, the plasma.

Also there are numerous forms of inflammation which are uncertain and multifarious—dependent upon qualities of blood occasioned by unwholesomeness of diet, privations, and neglect of the functions of the depurating organs—the skin, kidneys, and bowels. Sometimes the simplest wounds fester and ulcerate. Eruptions, pustules, or boils break out in the skin; or the slightest external injury provokes chronic and ulcerative forms of inflammation without fever, comprehended in the terms scrofula and scurvy. For example:—

Sailors at sea are dieted on salt provisions; and in hot climates are accustomed to tramp about the ship without shoes or stockings. Their feet and legs are consequently bitten by mosquitoes, and, when the men have been a considerable time on a salt diet, and in the hot climate, the wounds ulcerate. The ulcerations become larger every day, and will resist all kinds of local treatment,

so long as the diet remains unchanged. But, upon a change of diet, and cruising in a cooler latitude, the ulcers heal spontaneously.

Under analogous conditions—of unwholesome or insufficient diet or confinement—fractures in a hospital will remain only partially united; but, upon the patient's removal into the country, cure is completed.

When a patient undergoes a formidable surgical operation, and makes a good recovery, the blood is regarded as of normal constitution, free from any taint or distemper. On the contrary, when trifling wounds and accidents degenerate into chronic ulcerations, it is reputed unhealthy. And the unhealthiness or impurity may be limited to the plasma, or that part of the blood from which the elements of repair are taken. At all events, it is a question or matter for inquiry, which part of the blood is most in fault in these cases. "A person shall have a sore upon the leg, which is granulating freely," says Mr. Hunter, "when all at once the granulations shall lose their life and fade away. New granulations may afterwards spring up, and these shall undergo the same process, and so they would continue to go on, if some alteration in the nature of the parts be not produced." That is to say, some alteration in the plasma or fluid of the blood; differences in the nature of granulations being determined by differences in the qualities of the plasma. These examples are sufficient to show—what indeed is well known—that forms of inflammation, suppuration, and ulceration, are produced and kept up by distemperature or unhealthiness of blood, and more particularly of its plasma. And that a depurative operation is often performed on the plasma, by forms of local inflammation, may be argued from the eruption of smallpox. In scarlet fever, that a contagious matter from the blood is discharged by the vascular action in the skin, may be concluded from the properties of the particles of the exfoliating epidermis. And in gout, that offending matter is discharged from the blood by the local inflammation, is also to be concluded from the morbid material deposited in the parts inflamed.

For demonstrative evidence of forms of inflammation dependent on distemperatures or dyscrasies of the fluid of the blood, we may refer to the *chef d'œuvre* of pathological anatomy, the great work of Rokitansky, also to the lectures of Mr. Paget. Actual proof of alterations in the qualities of the plasma may often be obtained by venesection, in cases of inflammation. The speedy separation of the plasma, or sinking of the corpuscles, which occasions buffed blood, indicates a change in the relative qualities of the two parts of the blood. We have recorded the yellowish, greenish, and purplish hues, and the flocculated appearance like curdled soap in the plasma, of buffed blood before its coagulation in different cases of inflammation. And we have repeatedly observed with the microscope differences in elements of the plasma of blood, taken from within the sphere of inflammation, as compared with elements of the plasma of blood drawn exterior to it. It would seem, then, that abnormal qualities of the plasma promote forms of inflammation; and the disposition of the colourless corpuscles of blood to congregate and attach themselves to the coats of the vessels, we may suppose to indicate a way whereby disqualified or abnormal portions of the plasma are transferred to the common tissue for discharge.

In the first part of this lecture, we spoke of the severance of bloodvessels and other bonds of connection between sloughs and the subjacent texture without bleeding. In abscess and ulceration, from thorns and other foreign bodies impacted in the flesh, we showed that great changes take place in bloodvessels without bleeding.

In fact, in all cases of repair, where exudations and new growth appear, the bloodvessels engaged undergo a change from fibrous to corpuscular—their component elements retrograde. This change is exemplified in granulations—the vessels of which bleed upon the slightest touch. We have a perfect conviction that, in places of inflammation, from disordered qualities of the plasma, the coats of the bloodvessels undergo the same changes; for we find that corpuscular elements of the plasma form, not only the coats of new vessels which arise during inflammation, but also supplant the fibrous element of the coats of the older vessels, which must be opened to supply blood to the new ones; and, as the plasma is the part of the blood which plays the conspicuous part in these changes, so it is not difficult to comprehend how it may be relieved of hurtful materials in a place of inflammation.

"That sores give rise to very different kinds of pus," says Mr. Hunter, "is very

evident to the naked eye, and the different parts of which the blood is composed, will come away in different proportions we can make no doubt; and we find that whatever is in solution in the blood comes away more in one kind of pus than in another." The inference is, that inflammation exercises a therapeutical action in distemperature of the fluid of the blood. Hence, then, inflammation, exudations, granulations, and pus, may arise for two distinct purposes, namely: for the cure of mechanical injury; for the discharge of sloughs and foreign substances from the solid textures; and as a means of cures in distempered plasma.

In injuries to the common tissue, wounds, lacerations, contusions and fractures, the process of repair comprises inflammation, granulation, suppuration, and ulceration; new bloodvessels are formed without bleeding, and there are discharges of pus. If physical hindrances interpose, the process is protracted and made chronic until they are removed. If they cannot be removed, the life of the person is endangered, and may be destroyed unless amputation be performed.

In distemperature or injury, to the quality of the fluid of the blood, by unwholesomeness of diet, privations, or other causes, reactions of the same kind arise for its depuration. These also comprise inflammation, granulation, suppuration, and ulceration; boils, pustules, eruptions, and gout. If hindrances interpose—if the causes of the distemperature comprised in errors of diet, privations, etc., be not abated, the process is protracted and made chronic until they are removed, and in such cases, as in the sailor's before mentioned, to cure the local affection (the ulcers), the qualities of the plasma must be altered or improved by a thorough change of diet or habits of life.

In the one group—injuries to the solid texture (surgical cases)—the reactions arise for the healing of wounds, the discharge of sloughs, dead matter and foreign bodies. There is direct evidence of what occasions the action, what it accomplishes, and why it is protracted and dangerous. In the other group—disorders of the blood (medical cases)—the influence of the reaction upon the qualities of the fluid of the blood can only be inferred from collateral events; and these in gout, smallpox, and the other exanthematous fevers, point unequivocally to the therapeutical characters of inflammation.

In perusing such cases as Mr. Lowdell's, we cannot fail of remarking the advantage the surgeon has over the physician, in being able to go safely beyond the things which are seen. At the bottom of fistulous and ulcerated openings in the flesh, beneath an inflamed and thickened integument, and through a thick crust of new-grown bone, he is able to assist, or rather to accomplish the task nature has long been endeavoring to perform. He lays his hand upon the hindrance which has made inflammation chronic, plucks it away, and the person is restored to health. Likewise in other severe injuries, a compound fracture or a crushed joint, the surgeon surveys the whole of the injured parts, and he has time and opportunity, before therapeutical reactions set in—before inflammation, suppuration, granulation, and ulceration have commenced—to form a judgment of the most probable course of events; and if, upon consultation, serious doubts be entertained whether or not the cure should be intrusted to the natural course, he amputates the limb.

The physician is very differently placed. The inflammations he has to deal with arise from qualities in the blood itself; and when he has protracted and dangerous forms to deal with, he cannot lay his hand upon the cause of danger and take it away.

From the facility with which reactions between the fluid of the blood and its containing vessels may be studied in mechanical injuries, has arisen the *doctrine of repair*, daily exemplified in numerous examples.

But reactions of the same kind, from changes in the quality of the blood itself, owing to the difficulties surrounding their explication, have been separated from the ordinary process of repair. Our object will be to accumulate evidence of the propriety of bringing all reactions between the plasma and the common tissues, the process of repair and inflammation into one—the physiological—category, and to show that failure of success, in cases of inflammation of blood-origin, no more alters the nature or intent of the action, than does failure of success in necrosis of bone, and in other surgical cases. But further argument upon this matter must be reserved until we have spoken of the corpuscles of the blood.

V. *Of the Red Corpuscles of the Blood.*—The development of the red corpuscles of blood is doubtless conducted on the same principle as that of other cells. They take from the plasma, in which they swim, the

materials requisite for their growth, and excrete the products that must be consequent on the act of absorption.

"The only hypothesis," says Dr. F. Simon, "regarding the preservation and growth of the blood-corpuscles, is that their increase in bulk is due to a reciprocal action between the young corpuscles and the plasma; and that, as independent organisms in circulation, every change which occurs in them must be accompanied by a simultaneous alteration in the plasma, from which they obtain their nutriment, and into which their excretions must pass." And of the excretions passed into the plasma, those of them which are injurious are withdrawn therefrom by the depurating parenchymatous organs—the secreting parts of the skin, liver, and kidneys.

Now, if we treat the red corpuscles as independent organisms, swimming in the plasma, then any matter or substance, whether derived from the plasma or from the atmosphere, which is necessary to their sustenance, to their normal state and functions, may be regarded and spoken of as nutriment. That is to say, we may speak of the corpuscles of the blood as nourished by elements in the air, as well as by elements of the plasma; and, as respecting the matter they excrete or discharge, it is a part only of their excretions which is passed into the plasma: for certainly another part of their excretions is discharged into the air in the form of carbonic acid, by respiration. Let us pause for a moment to consider this matter. The leaves of a plant take in part of the materials of the nourishment of the plant from the atmosphere, and they excrete or discharge into the atmosphere elements that would be injurious to the economy of the plant if retained in it. Also the rootlets of a plant take up other materials of nourishment from the soil, and they excrete into the ground matters which they do not want. In both these examples, in the roots and leaves of the plant, the bodies which perform these offices of absorption and excretion are microscopic cells—organisms analogous, and in many respects similar, to the blood corpuscles.

Animals inhale the air and discharge into it matters which are thrown out from the body by respiration; and, in their nutrition by diet, they cast their droppings or excretions upon the herbage on which they must afterwards feed.

Unicellular animalcules, in a drop of water, derive from it elements of their nourishment, and also they must discharge into it the matter of their excretions. In a *vivarium* water is the medium sustaining different forms of life, and the fluid is preserved in a fit and proper state because the excretions of the animal furnish nutriment to the bodies of vegetable life, and because, on the other hand, the excretions of the vegetable furnish elements of nourishment to the animal bodies; the excretions of one department of life furnishing food and necessaries to the other department.

There is, therefore, nothing incongruous in the corpuscles of blood taking part of their nourishment from the air, and discharging into it a part of the matter of their excretions; and in their taking another part of their nutriment from the plasma, and discharging into it another part of their excretions. Nor, again, is there any incongruity in our finding that the plasma, or fluid of the blood, maintains its purity because the excretions of the corpuscles are ingredients upon which the functions of the depurating organs are exerted. Nor, finally, if, with Zimmermann and Simon, we should regard the fibrin of the plasma as an exuvial matter, or excretion of the corpuscles, is there any incongruity in finding it to be an essential material, used in the maintenance and repair of the common blood-distributing tissue.

As respects matter passing from the corpuscles into the plasma, we are able to show, by some remarkable experiments which will hereafter be fully related, that molecular and tailed forms of some material substance may be seen issuing out of them and passing into the plasma, without much alteration of their form or colour; and to any one witnessing the experiment, there can be no difficulty in concluding that the corpuscles, in their natural state, discharge matter into the plasma. It must be confessed that but little can be demonstrated of the vital and depurating processes constantly going forward in the blood of the living person. Nevertheless, in the absence of such demonstration, we are warranted, by the experiment just referred to, and by the undisputed teaching of physiology, in concluding that the corpuscles of blood are sustained in their vital and chemical qualities by the plasma and the air; also, that their excretions are passed, partly into the plasma and partly into the air; and

these properties of the corpuscles being established, there are some broad and acknowledged facts respecting venous blood and urea which claim our attention.

VI. *The Corpuscles of Blood, in the Performance of their Natural Functions, contain and excrete matter which is poisonous to the Brain.*—Blood is distributed by arteries; it returns by the veins. There is a great difference between arterial and venous blood. This difference is, for the most part, if not entirely, referable to the corpuscles. The red colouring matter is contained within them, and the bright colour which is communicated to blood by oxygen, as well as the dark shade which is induced by the transmission of carbonic acid through it, are the actual shades of colour which we see in arterial and venous blood. Venous blood is necessary to the well being of the liver, and also to the normal function of the lung; but should venous blood be transmitted by arteries to the brain, it is well known that symptoms of poisoning begin.

No suggestion for the recovery of drowned persons has been attended with so much success as the "Ready Method" of the late Dr. Marshall Hall. The principle, therefore, upon which his method is founded, may probably be accepted as true.

"During the circulation," he says, "the oxygen inhaled by respiration unites with the carbon of the blood, forming carbonic acid, which is exhaled in its turn by respiration, except in cases where the respiration is suspended, as in drowning and other forms of apnœa. In apnœa, the carbonic acid retained in the blood poisons it; and the organs, beginning with the brain and spinal centre, are in their turn poisoned by this blood-poison. The circulation," he goes on to say, "without respiration, is a blood-poisoning process; respiration is a de-poisoning process. By respiration the carbonic acid poison, formed during the circulation, is eliminated from the blood and evolved from the system."

The consumption of oxygen and the formation of carbonic acid stand in a direct ratio with the number or amount of the blood-corpuscles, and with the number of respirations made in a given time. It is well known that the alteration of colour from arterial to venous, which blood undergoes by circulation, is an alteration which takes place *within the corpuscles*; also, that the re-arterialization of blood by respiration involves a change in the corpuscles. It must be, then, that the qualities acquired by blood during circulation, and discharged by respiration, are qualities of the corpuscles, inasmuch as the change of colour, which denotes the change of quality, is observed in the corpuscles. When, therefore, symptoms of poisoning arise from the circulation of venous blood through the brain, the poison must be concluded as contained within, and as generated, or produced by, the corpuscles.

Urine is a fluid separated from the blood by the kidneys; and urine contains a substance which, when applied to other tissues than those of the kidney, will act as a poison. Sir H. Halford met with five instances of suppression of urine in the course of seven-and-twenty years' practice, and in every instance the patient died from poisoning of the brain. It is but reasonable to infer that urea, which is separated in large quantity from the blood by the kidneys, should be a product of the metamorphosis of a substance of an invariably uniform composition.

"Amongst all the higher classes of animals," says Dr. Simon, "and many of the lower, in the most varied forms of existence, and under the most opposite kinds of food, we find urea and uric acid, or one of the two, as a constant secretion of the kidney. It seems opposed to all reason to imagine that, in animals as different in structure as they are opposite in their habits of life, and under every possible variation of circumstances, these fixed and definite compounds should be products of the metamorphosis of the plasma. It is easy, however, to conceive that the corpuscles which, although different in their form, are similar, if not identical, in their chemical constitution, in the blood of all animals, should yield similar products as the result of their metamorphosis."

If this reasoning be admitted—and it is urged with much force and perspicacity by Dr. Simon—it follows that urea, or a nitrogenous substance represented by that compound, and withdrawn from the blood by the kidneys, is an excretion of the corpuscles discharged into the plasma Hence carbon or carbonic acid is an excretion of the blood-corpuscles discharged at once into the atmosphere; whilst urea is an excretion discharged into the plasma, and withdrawn therefrom by the action of the kidneys. Both these substances, if unduly retained in the blood, act as poisons to the brain; and we must conclude that the corpuscles of blood,

in the performance of their natural functions, generate matter which is poisonous to the brain. Halitus within the corpuscles, if not discharged by respiration and other excretions, if retained in the plasma, are poisonous.

The properties of the corpuscles, then, substantiate the argument drawn from a consideration of the properties of the plasma, as to the necessity for holding the two parts of the blood distinct, pathologically as well as physiologically. The corpuscles are independent organisms, and the plasma is the fluid in which they swim. The properties of the one are very different from the properties of the other.

VII. *Relations of Diet to the Plasma, and of Air to the Corpuscles.*—The normal condition of the blood is preserved by diet and respiration. The alimentary canal and the lungs are the only two channels by which outward material substances are received into the interior of the body. Both have reference to the blood; diet, or food and drink, to the replenishment of the plasma; air to the nourishment of the corpuscles. The alimentary canal is, as it were, the coarser way by which substances are received into the body; whereas, in the structure of the lung, everything is fashioned with special reference to the admission of aerial elements into immediate contact, as it were, with the highest elements of the circulating fluid—the corpuscles of the blood.

As the plasma is subjected to a continuous change and consumption during the nutrition of the body, it becomes a matter of necessity that it should also receive a continuous supply. This is afforded to it by the chyle. Chyle is derived from substances received into the stomach—food and drink; it mingles with and augments the bulk of the plasma; and it is from the plasma that the red corpuscles derive part of their nutriment. There is, therefore, a more intimate relation between diet and the fluid of the blood, than between diet and the corpuscles; that is to say, any substance or poison entering the blood from food or drink must first enter and mingle with the plasma, before it can come into contact with or affect the corpuscles. But the case is different as between the corpuscles and the atmosphere.

From the peculiar distribution of the capillaries, and from the extreme thinness of the walls of the pulmonary air-cells, the blood-corpuscles are brought in the lungs into almost immediate contact with the air, and with the substances contained in solution in the air. The absorption of air through the humid membrane of the air-cells of the lungs is facilitated by the immense extent of surface presented, over the whole of which a thin stratum of blood-corpuscles is simultaneously exposed to the atmospheric influence. The permeability of moist membranes by fluid and gaseous substances is a well known fact; dark or venous blood inclosed in a moist bladder, and exposed to the air, soon assumes the arterial tint.

"I asked Mr. Boulderson," says Bishop Heber, in his *Narrative of a Journey through the Upper Provinces of India*, "if it were true that the monkeys forsook these jungly forests during the unwholesome months. He answered that not only the monkeys, but everything which has the breath of life, instinctively desert them from April to October. The tigers go up to the hills; the antelopes and wild hogs make incursions into the cultivated plains; and those persons, such as dâk-bearers and military officers, who are obliged to traverse the forests in the intervening months, agree that not so much as a bird can be heard or seen in the frightful solitudes; yet, during the time of the heaviest rain, while the water falls in torrents, and the cloudy sky tends to prevent evaporation from the ground, the forest may be passed in tolerable safety. It is in the extreme heat, and immediately after the rains have ceased, in May, the latter end of August, and the early part of September, that it is most deadly. In October, the animals return. From the middle of November to March, troops pass and repass; and, with common precaution, no risk is apprehended."

This may be an extreme instance, but it is one of a very numerous class. It is well known that miasms or poisonous substances are diffused through the air, and that they exist in a very concentrated form at certain times, in particular localities. To enter in detail upon this topic is quite unnecessary. The question which arises upon the view we have taken of the constitution of the blood—of the relations of diet to the plasma, and of air to the corpuscles—is, whether the contagious fevers to which aerial poisons give origin are to be referred to the plasma, or to the corpuscles.

VIII. *The Corpuscles of the Blood have a Property of Resistance against injurious*

Agents; they are not disordered or disturbed by every Quantitive Change in the Plasma.—First, as respects symptoms of poisoning through articles of diet, or through substances taken by the stomach, in food or drink: the poison enters the plasma, mingles and circulates with it. Through the plasma it must reach all, but it may affect injuriously one only of the parenchymatous organs: for example, mercury the salivary glands; opium the brain; strychnia the spinal marrow; digitalis the heart; and so on of many other poisons which exhibit their action according to the affinities of the different parenchymatous organs for particular poisons. In all these examples, the symptoms begin in, and may be limited to, some local parenchymatous organ, notwithstanding the general distribution of the fluid which contains the poison. It cannot be disputed that the same poison does not act equally upon all the parenchymatous organs, though all may be exposed to its presence. Some suffer derangement; others do not. And if, to account for these special phenomena in one organ only, we introduce the doctrine of affinity or predilection, we must also allow to those parenchymata which escape a measure of indifference or resistance. This teaching holds a prominent place in chemical philosophy. Affinities and resistances are as often argued of inorganic as of organic or living bodies.

The corpuscles of blood are quite as much a group or community of independent organisms as are the special elements of the liver, brain or kidney; and, if the elements of one parenchymatous organ can remain indifferent to or resist the injurious action of a poison circulating in the plasma whilst the elements of another are suffering from it, it is not unreasonable to infer a similar property of indifference or resistance in the corpuscles of blood. We have frequently tried the effect upon the corpuscles of substances which, if present in the plasma, will poison the brain or nervous centres, such as solutions of prussic acid, morphia, and strychnia; and we find they produce no other or more effect upon them than so much water.

But, without relying upon experiments of this kind, we take the general principle, and argue for the blood-corpuscles the same kind of properties as is allowed to other cellular elements to the elements of the parenchymatous organs. And we say the blood corpuscles may resist the action of, or be indifferent to, sundry matters in the plasma, which may nevertheless be producing disorder in some local parenchymatous organ. Let it be observed, the argument does not assume that poisons which first affect the brain or other local organ will not affect the corpuscles also, if in sufficient or overwhelming quantity; but only that there are many substances which, being present in the fluid of the blood in small quantity, will affect its qualities injuriously in relation to a parenchymatous organ before sensibly disturbing the corpuscles.

Secondly, as respects poisoning of blood through miasms in the atmosphere; it is here to be observed, that the poison is received through the lungs, where the corpuscles are brought into contact with the air, and with the things in solution in it; and where, moreover, as has been shown, the physiological function performed is one specially between the corpuscles and the air. The change which blood undergoes in the lungs is specially a change in the corpuscles.

Through diet, and through the atmosphere, elements of blood-disorder may enter. Through the former, the plasma or fluid, through the latter the corpuscles, are first affected. The qualities of the plasma undergo numerous limited changes, from diet, and from various other substances received through the stomach. But it does not follow, necessarily, that the corpuscles must suffer a disturbing change in consequence thereof. They have, up to a certain extent, a property of indifference, non-affinity, or resistance; and therefore maintain their normal constitution and function under various limited alterations of the fluid in which they swim.

On the other hand, from contact of the blood with poisonous substances in the atmosphere, the corpuscles, by reason of the special function of respiration, may be the first part of the blood to suffer disorder; whereupon their disordered condition is reflected upon the plasma, because this fluid is the depository of their excretions. That is to say, from errors in diet, or from poisonous substances taken by the stomach, the blood may be deteriorated in one only, and that the least important of its parts—namely, the plasma; whereas, from poisonous substances in the atmosphere, blood may be deteriorated, commencing with the corpuscles. And, as it cannot be denied that a

poisonous quality in venous blood is referable to the blood-corpuscles, so therefore the question arises, whether pathological poisons—if we may so call them—the virus of smallpox, and other contagious poisons, are not also to be referred to the corpuscles of the blood; and, should this proposition be established, the physical difference between the two parts of the blood rises into great importance.

Let us briefly recapitulate the physiological facts upon which we shall rely in our future discussion of phenomena of fever and inflammation.

The corpuscles of the blood are independent organisms, swimming in the plasma, deriving from it and from the air, materials suitable to their growth and functions, and discharging into it and in the air, the matter of their excretions, namely: carbon, or carbonic acid, into the air, and a nitrogenous compound, or urea, into the plasma. Depurating organs, located at various points of the circulation, withdraw from the plasma the matters which, if retained in it, would injure its qualities or composition, and the elements of the different depurating organs have different or special affinity for different substances in the plasma. We have dwelt specially on the change which the corpuscles experience in their colour by exposure to the air in the lungs, and upon the poisonous quality they acquire if the normal change is not effected; and we have shown that these bodies, if they take or select from the plasma and from the air materials suitable for their maintenance, must have, in common with other cellular bodies, a property of indifference, or resistance to some extent, against deleterious substances.

As respects the plasma, or fluid of the blood, we have noticed the close relation between it and articles of food or drink through the chyle. Substances received into the stomach in diet, and poisonous substances taken in the same way, my be speedily detected in the secretions; therefore the plasma must be a fluid of variable composition: and its relatively inferior position to the corpuscles was argued from these facts, and from the treatment of cases of cholera in 1832, by large quantities of a saline injection thrown into the blood.

The conclusions to which we have arrived are:—

That changes in the qualities of blood from errors in diet, or from poisonous substances taken through the stomach, commence in, and may be limited to the plasma; whereas changes in the qualities of blood, from poisonous substances dissolved in the air and inhaled by the lungs, may commence in the corpuscles. In the latter case, both parts of the blood become disordered, not simultaneously, but in succession; the corpuscles first, and then the plasma.

These conclusions are not strained to support any favourite theory. The great physical difference between the fluid and the corpuscles of blood; the absolute manner in which the fluid depends upon diet, food and drink; the contact of the corpuscles with the atmosphere in respiration; the change in their colour and properties which ensues; the matter poisonous to the brain which arises within venous corpuscles; the action of the depurating organs upon the plasma, exhibiting special affinities;—all these are received doctrines of physiology, or flow logically from them; and we make them the basis of a therapeutical doctrine in blood-diseases, distinguishing between the fluid and the corpuscles.—*British Med. Journ.*, April 23 and 30, and May 7, 1859.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

The Flexion Treatment of Popliteal Aneurism.—The new method of treating popliteal aneurism by bending the knee and retaining it in that position, as adapted with success by Mr. Ernest Hart, and subsequently by Mr. Shaw, does not seem to have been productive of good results in the few cases in which it has as yet been tried in the London hospitals. In a case under the care of Mr. Moore in the Middlesex Hospital the aneurism, which was an unusually large one, gave way into the joint during treatment by flexion. That the position mentioned might easily increase the liability to such an occurrence may readily be conceived, more especially when the aneurismal sac is placed on the articular aspect of the artery. Mr. Moore's patient, despite the formidable complication alluded to, made a good recovery after ligature of the femoral, and the effused blood was absorbed from the joint without causing any material irritation.

Mr. Paget has at the present time a case

under treatment in Harly ward which bears some similarity to the above. Fortunately the joint has not become implicated; but there can be no question but that during the flexion treatment, which lasted only a few days, the aneurism enlarged, and that much irritation was set up around it. The patient is a fair healthy man, aged 30, and the aneurism is situated in his left popliteal space. It had existed about five weeks, and was of large size when a fortnight ago he was admitted into the hospital. So much increase in the size of the tumour, tenderness about it, and swelling of the cellular tissue took place that the propriety of immediate ligature was discussed in consultation on Friday last. It was feared that the sac might be about to give way. It was decided to wait and watch the further progress of events. On Saturday Mr. Lawrence and Mr. Stanley again met Mr. Paget at the man's bedside. The condition of things was no worse in any respect than the day before, in fact, the pulsation seemed rather less. Mr. Paget remarked that he was loth to resort to the ligature prematurely, as in many of the cases in which the compression plan had succeeded, consolidation had ensued unexpectedly after just such a blaze of irritation in and about the sac as was now taking place. He, therefore, preferred still to wait, having the tumor narrowly watched, and being prepared to ligature at once should the sac give way. Mr. Stanley supported this opinion, and it was adopted; although Mr. Lawrence, in whom the novel plans of compression and flexion treatment have as yet not obtained a convert, was in favour of immediate operation.—*Med. Times and Gaz.*, July 2, 1859.

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Amputation of the Leg after Resection of Ankle.—Amongst the cases of interest which have recently been treated in King's College Hospital, is that of a man, aged 26, under Mr. Bowman's care, for whom excision of the astragalus and malleoli had been performed about three years before. The resection operations had been performed by the late Mr. Statham; and had been two in number, the first consisting in the removal of the astragalus, and the second in sawing off the malleoli and gouging the surface of the tibia. Although at first a cure had been hoped, yet the diseased processes had continued in the tibia to such an extent as to prevent any use of the limb. A single sinus remained. When admitted under Mr. Bowman's care, the man wished to have amputation performed, and to this wish Mr. Bowman acceded. On March 26 amputation was performed, Mr. Teale's method (by rectangular flaps, one short and one long) being adopted. With regard to the amputation we need not say more than that it answered well, and that the man recovered with a good stump. On dissection of the foot, the under surface of the tibia was found united to the tarsal bones by firm ligamentous tissue. The astragalus was wholly wanting.

There are of course not a few exceptions to the remark, but we fear that the above case is but too good an example of the usual result after resection of the ankle-joint. For the wrist and ankle, where many bones, and those consisting of porous structure, have to be interfered with, the operation of excision seems but ill-adapted. We have seen some very good results after it, but we have seen still better after-treatment by rest and constitutional measures only. The surgeon's knife and saw, and, above all, his gouge, are but too liable to extend the carious ulceration which they are intended to remove. We have repeatedly seen cases of this class disappoint the surgeon's hopes after an infinity of care and trouble, and come to amputation at last.—*Med. Times and Gaz.*, July 30, 1859.

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Useful Plan of supporting Stumps after Amputation.—At Guy's Hospital for the last two years Mr. Hilton has been in the habit of supporting the stumps of amputated thighs in a manner which is worthy of notice, from its cleanliness and convenience, together with the comfort accruing to the patient. It consists in applying a short and broad splint under the stump, which is elevated at an angle of forty degrees; beneath the splint is a small cushion, and a light bandage is applied over all. This permits of examination and dressing without the slightest disturbance to the patient, and the stump always looks clean and healthy. The cases in which it is at the present moment employed are the following:—

A young man, twenty-two years of age, was admitted on the 23d March for extensive pulpy degeneration of the synovial membrane of the left knee, with incipient disease of the lungs. The former had existed for twelve months, and was making rapid in-

roads upon his health. The thigh was removed at its upper third on the 23d ultimo; and when we examined the stump on the 5th instant, it had almost entirely healed, and looked remarkably clean and healthy from the way in which it was put up. The phthisical symptoms have completely subsided.

A second case was that of a man, aged forty-eight years, who, as we gather from the notes of Mr. Tuck, his dresser, was kicked by a horse on the knee twenty-one years ago, causing at that time a wound over the patella. He has been subject to frequent attacks of pain and swelling ever since. Three years ago the symptoms generally increased. Seven weeks back an abscess was opened at the side of the knee, and subsequently two openings had to be made to let out pus from the joint. The bones were much diseased, and he had suffered most acute pain. Considering his age and other circumstances, Mr. Hilton thought the most prudent course was amputation through the thigh, which he performed on the 5th instant, under chloroform. When placed in bed, the stump of this patient was carefully put up by Mr. Tuck in the manner already described, and we learn that he is going on extremely well.—*Lancet*, July 16, 1859.

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Double Fistula in Ano, treated by a single division of the sphincter.—Although at first sight it may seem to be a trifling matter, whether one or more divisions of the sphincter ani muscle be made in cases of complicated fistula about the anus, in reality considerable importance should be attached to it if the future comfort of the patient is considered. There can be no doubt whatever, as we heard Mr. Fergusson remark, at King's College Hospital, on the 2d instant, that if there are two or more divisions of the sphincter muscle, subsequent union does not permit of such an amount of control over its functions as when one only is made. Being aware of the truth of this from experience, he treated the case of a young woman, who had what might be called a double fistula, in the following manner: Three years ago she had an abscess in the perineum, which burst externally at the margin of the anus; probably a second formed, which also burst externally, but the two cavities merged into one. This aperture, on examination, was found not to communicate with the rectum, and was, therefore, what is called, in surgical language, *a blind external fistula*, with a double opening. Instead of running a bistoury through the sphincter in two places, as we have seen done by some surgeons, Mr. Fergusson divided the skin between the fistulæ, and laid open the cavity to which they were the outlets. He then cut through the sphincter nearest the upper fistulous opening, in the usual manner, and the wound was carefully dressed from the bottom. Thus, by a very simple proceeding, the case was converted into one of ordinary fistula in ano.

The practical surgeon will at once recognize the benefits to be derived from an avoidance of multiple divisions through the sphincter ani.—*Ibid.*

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Fissure of the Anus.—One of the most painful affections situated in the neighbourhood of the anus, is a fissure alongside of the sphincter. When examined, scarcely any lesion is to be detected; but on rendering the structures tense, a very small slit with reddened margins may be observed, and from which there may be a little secretion. This apparently trifling malady occasionally causes the most intense agony. Latterly, several examples have come under Mr. Hancock's care at the Charing-cross Hospital, which have been effectually cured by the division of a few of the muscular fibres of the sphincter at the situation of the fissure. It is unnecessary to divide the entire sphincter in the treatment of this affection, and it is now seldom resorted to. On the 2d instant, this operation was repeated by Mr. Hancock on a woman twenty-seven years of age, whose sufferings have been very great for nearly twelve months, from the presence of a fissure of the kind mentioned. On passing her motions, the sensation was compared to that of a knife running through her. When we saw her on the 7th, five days after the operation, she expressed herself as completely relieved; all pain had gone, her health had generally improved, and she was beginning to assume a cheerful aspect. Patients with a fissure of the anus have a careworn and anxious expression of countenance, more so than is observed in fistula of the bowel; but it quickly disappears when surgical relief has been obtained. —*Ibid.*

Orchitis of an Undescended Gland.—It not unfrequently happens that when the descent of the testis is delayed until a period of life closely bordering on puberty, inflammation and considerable inconvenience attend its escape through the external ring. We have seen such swellings mistaken for hernia, and a truss applied, to the great aggravation of the boy's suffering. An extreme instance of orchitis, under the condition alluded to, came under notice at Guy's Hospital the other day. A rather puny, thin boy, aged 12, applied, with a countenance and whole bearing expressive of great discomfort, on account of a swelling in one groin. He was stooping forwards, and evidently moved with the greatest difficulty. On examination, Mr. Bryant, under whose care he was admitted, found that no testis was as yet present in the left side of the scrotum, and that in the left groin, just within the grip of the pillars of the external ring, was a swelling about the size of a bantam's egg. The swelling was excessively tender, and there could be no doubt that it was the undescended testis in a state of inflammation. The boy said that he had had pain in the groin for two weeks, but that the swelling had only commenced three days ago. He was taken into the hospital and put to bed. Ice was applied, and opium administered, and after a short time the swelling of the gland had subsided.—*Med. Times and Gaz.*, July 30, 1859.

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After-treatment of the Extraction of Cataract.—The old method of bandaging the eyes is never practised in the Central London Ophthalmic Hospital, and the modern one of plastering the eyelids is adopted in its stead. The object is to keep the eyelids motionless and closed, in order that the edges of the wound in the cornea may be kept in accurate adaptation by the gentle pressure of the eyelids. If a patient can keep his eyes shut, no appliance is needed; but few can do this. As the bandages are ordinarily applied, they are useless. To make them potent as bandages, would demand a degree of pressure that must be injurious. Very much annoyance is often produced from the cloth being stuck to the cheek by the aqueous humour when it trickles away; and the night's rest is broken in consequence. A couple of straps of court plaster, the eighth of an inch wide, accomplish all that is desired. Mr. Walton generally allows them to remain for a week; but if any unpleasantness is complained of, such as stiffness or hardness, they are removed after the third or fourth day. To this plan, which is wholly unobjectionable, Mr. Walton attaches much value; and he is convinced that the highest attainable results from the operation of extraction cannot be obtained without it. He always keeps the eyelids closed till the aqueous humour no longer escapes from the corneal wound; that is, till the cornea is quite healed. At the end of the week, when the patient has opened the eye, Mr. Walton does not raise the lid himself, but desires the patient to open the eye naturally, which he considers far preferable; he again closes it, if requisite, with court plaster for some days. There can be no doubt of the prudence of this. Many an instance of prolapse of the iris, with all the irritation and ulterior consequences, has been produced by the use of the eye before there has been proper reunion. Young operators are often sadly puzzled to account for the secondary imperfection of prolapse of the iris, after they have had such promising results when the eye was looked at a few days after the operation. This is the solution: the eye is used far too soon, and by the action of its own muscles, the prolapse is occasioned.

The great proof of cicatrization of the cornea is the fulness of the anterior chamber. So long as the iris is pressed forwards, and there is not the natural accumulation of aqueous fluid, the eye should be kept closed. A very little attention will enable the practitioner to decide this point.

When the iris is wounded in the operation of extraction, prolapse is very apt to occur under any condition; hence, Mr. Walton lays it down as a rule, that much pains should be taken to prevent the accident. He considers it far better on every occasion to finish the operation with the secondary knife rather than to complete it with the cataract knife, when by so doing the iris is at all injured. The late Mr. Alexander, than whom there never was a better operator, always made the section of the cornea with two knives. As soon as he had effected the counter-puncture with Wenzel's knife, he withdrew it, and completed the section with the secondary knife.—*British Medical Journal*, July 16, 1859.

CLINICAL LECTURES.

Practical Clinical Remarks on Congenital Hernia, complicated with an Undescended Testis, delivered at University College Hospital, By JOHN ERICHSEN, Esq., Surgeon to the hospital.

Gentlemen: I wish to make some observations upon a case of strangulated congenital hernia, complicated with undescended testis, which came into the hospital a few days ago. In order to render these remarks more intelligible than they might otherwise be, I must first briefly describe that condition of things which allows a congenital hernia to occur. The testes are, as you know, in the fœtus contained within the abdomen, and only descend into the scrotum a short time before birth, the involution of peritoneum which they carry with them becoming the tunica vaginalis. At first the cavity of the tunica vaginalis communicates freely with the peritoneal cavity; but the aperture of communication becoming occluded by a natural process, which takes place during the latter part of intra-uterine life, and which is generally complete at birth, these cavities continue distinct and separate. It occasionally happens, however, that, either in consequence of the descent of the testis being retarded, or the natural process of occlusion not taking place, the cavities of the tunica vaginalis and peritoneum remain continuous. In this state of things it is not uncommon for a knuckle of intestine to slip into the tunica vaginalis, and lie in contact with the testis, thus constituting the ordinary form of congenital hernia. The testis, you will observe, occupies the scrotum, and the intestine falls into the tunica vaginalis. This form of congenital hernia requires no special consideration, and I mention it merely in order to say that it is not the form which I am about to describe to you.

The second form of congenital hernia is that in which the hernia is complicated by, and lies in contact with, a testis, which either does not descend at all, remaining an abdominal organ, or else becomes engaged in the internal abdominal ring or inguinal canal, but never descending beyond the external abdominal ring; this condition of the organ, whether the testis be lodged within the abdomen, or become engaged in the abdominal ring or inguinal canal, constituting the malformation termed undescended testis. In such a state of things as this the genital organs may be perfectly developed, and the sexual propensities and instincts exist. The scrotum, however, remains empty on one or both sides, though the testis is often lower in the canal on one side than on the other.

The case to which I wish to direct your attention is one of this description, but of something more than this, being complicated with a hernia. Before going into the particulars of this case, I will briefly recapitulate the different conditions under which an undescended testis may present itself to the surgeon.

The first of these is that of a small, hard, painless tumour, the size of a small walnut, in the inguinal canal, which may readily be mistaken for a hernia. The scrotum, however, is empty upon the corresponding side, or on both sides; and the tumour, instead of being smooth and uniform like a hernia, is more or less nodulated, and hard to the feel, and is not reducible. There is no gurgling in the tumour, and when pinched, the peculiar sickening sensation characteristic of injury of the testis is complained of by the patient. Sometimes it will be found that a truss has been worn under the impression that the tumour was a hernia.

The second of these conditions is that of a testis in the inguinal canal becoming inflamed. Inflammation of an undescended testis lying in the inguinal canal, is a condition of great surgical interest and importance in a diagnostic point of view, and is not unfrequently mistaken for strangulated hernia, as in the following case:—

About ten years ago, I was called up one night by the house-surgeon to see a man who had been sent up from the country to be operated upon for hernia. On reaching the hospital, I found him in a warm bath, and the house surgeon engaged in employing the taxis. On inquiring into the case, I was told that the patient had had a swelling in the right groin for a year or two, and had worn a truss, on the supposition that it was a hernia; but the pressure of the pad causing great uneasiness, he had left it off from time to time when at work. On the preceding day, he had been attacked with colicky pains and vomiting, and the supposed hernia had become greatly swollen and painful. The taxis had already been employed, and caused him severe pain. On his admission, the house-surgeon took the

same view of the case as had been previously done in the country, and adopted the ordinary treatment for reducing a strangulated hernia. On examination, I found within the right inguinal canal a tumour nearly as large as the fist, hard and somewhat irregular below, soft and rather fluctuating above, lying completely above the external ring. Great pain was experienced when pressure was made upon the tumour. The left testis had descended; the right side of the scrotum was empty. The patient had not vomited since his admission, and his bowels had acted in the morning. There was a good deal of pyrexia. From the feel of the tumour, the empty scrotum on one side, and the general symptoms, I came to the conclusion that this was merely a case of inflamed testis in the inguinal canal. I ordered him to be bled in the arm to eight or ten ounces, to have a dozen leeches applied to the tumour, followed by hot fomentations to the abdomen, and an aperient enema. Under this antiphlogistic treatment, the pain and other symptoms subsided, the swelling alone remaining, though in a much diminished form.

This is a good instance of inflammation of a testis retained in the inguinal canal, a condition which is not unattended with danger; for cases are on record in which the inflammatory action extending to the peritoneum has occasioned death. The proximity of the inflamed testis to the peritoneum, and the liability to implication of that membrane, must, therefore, be borne in mind in these cases. The symptoms which present themselves in such cases—the colicky pains and tenderness about the abdomen, the nausea, and possibly vomiting—are due to the compression of the inflamed testis by the congested and somewhat unyielding tissues amongst which it is lying, and are too often aggravated by repeated attempts at the taxis improperly made. Under ordinary antiphlogistic treatment they soon pass off. Should an operation be performed on suspicion that there is a strangulated hernia in the canal above the undescended testis, before very positive symptoms of strangulation have shown themselves, it will probably happen that no intestine is found, but that the patient will be exposed to the same danger as if a hernia had existed, the tunica vaginalis investing the undescended testis being in direct communication with the peritoneal cavity, which will thus be opened. No operative procedure should, therefore, be had recourse to, unless positive symptoms of strangulation have unequivocally manifested themselves.

The third condition in which an undescended testis may present itself, is in the form of a sarcocele in the inguinal canal, where it may undergo morbid degeneration, simple or malignant, as readily as in the scrotum. In such a case as this you will have a solid indolent tumour, progressively increasing in size, lying in the canal, there being no testis in the scrotum, on the side of the tumour. Such a mass as this may be removed. I have never had occasion myself to do this operation, but it has been successfully performed, amongst others, by Mr. Storks, whose early retirement from the surgical profession is so much to be regretted.

The fourth and last condition of things of which I have to speak, is when a congenital hernia is complicated with an undescended testis. The testis lies in the inguinal canal, probably as low down as the external abdominal ring, and above this a knuckle or loop of intestine has slipped into the canal, forming a hernial tumour—that is to say, a congenital hernia, above and behind an undescended testis. So long as the intestine is not strangulated, this complication is likely to escape observation; but when once strangulation has set in, the local signs and constitutional symptoms render it at once manifest.

I have had two cases of the kind in my own practice lately, which I will briefly relate to you. The first was one to which I was called by my friend, the late Dr. Pretty. A young gentleman, about fifteen years of age, residing at Islington, while playing at leapfrog, felt a sudden pain in the groin, of a very severe and sickening character. In the evening he vomited; and, on the following morning, the symptoms having become urgent, Dr. Pretty proceeded to examine him for hernia. He found the right testis had not descended, while the left had. The right inguinal canal was occupied by a tense, elongated tumour. The lad's parents were not aware of the non-descent of his testis, though he himself knew it, but had kept it a secret. Dr. Pretty sent for me in the course of the afternoon. I found a tumour in the right inguinal canal, extending as far as the external ring, but not below it. It could be divided

into two parts, the lower one rather hard and irregular, the upper small, not larger than half a walnut, tense, and elastic. There were the ordinary signs of strangulation: vomiting of bilious matter and constipation, with dragging pains in the abdomen. The treatment which had been resorted to had produced no good effect. I, therefore, proceeded to operate; and, having exposed the tumour, and let out a quantity of clear serous fluid from the tunica vaginalis, found at the upper part a small knuckle of intestine, tightly constricted by the inner ring. This was divided, and the gut reduced; the testis was left *in situ*, it not being desirable to reduce it. The boy had a sharp attack of peritonitis; but, under the influence of leeching, and calomel and opium, made a good recovery.

The second case happened the other day. Last Friday evening I was sent for to see a young, strongly-built man, who had been sent up to this hospital from Luton, and who stated that he was suffering from a hernia. From the notes of the case, which is very fully reported in the case-book, it appears that on the Wednesday previous he had been at a fair, and had stayed out late, and that next morning, while at work at the plough, he suddenly felt a lump in his right groin, and was soon after attacked with bilious vomiting. The tumour soon became painful, and several unsuccessful attempts were made to reduce it. About nine months ago a similar tumour had appeared in the same situation, but had been easily reduced, and he had neglected to wear a truss.

I saw him about eleven P. M. The scrotum was empty on both sides, neither testis having descended, and there was nothing, not even a retained testis, in the left inguinal canal; but in the right inguinal canal was a tumour, somewhat oval in shape, smooth and uniform, slightly elastic, very tender to the touch, though not the seat of any great pain. It was doubtful whether this was merely an inflamed testis, or whether it was one complicated with a hernia; but as symptoms of strangulation had not declared themselves, his countenance being good, his pulse only 78, his having had no vomiting since admission, the abdomen being flat, and there being but little pain and no tension about the tumour, I did not feel myself justified in operating at once. I accordingly ordered a dozen or eighteen leeches to the tumour, fomentations to the abdomen, a full dose of calomel, and an aperient enema. During the night sickness came on; he did not keep down the aperient medicine which was administered, and his bowels did not act. In the course of the afternoon, the symptoms becoming more urgent, I proceeded to operate. There was nothing unusual in the incision, except that it had to be made higher up than ordinary, and disclosed a dark tumour, distended with bloody serum, which proved to be the tunica vaginalis, forming the sac of a hernia; a loop of intestine, about three inches in length, being tightly constricted at the internal ring. The stricture was, I think, the tightest I ever met with, and I had to lay open the inguinal canal, in order to divide it safely without wounding the gut. Behind the loop of intestine was found an undescended ill-developed testis; this was left where it was. The patient became low and depressed after the operation, and on the following morning had an attack of vomiting, and died apparently in a state of syncope soon after.

On examining the body after death, we found no peritonitis; the loop of intestine was of a deep maroon colour, filled with flatus, and with one or two patches of lymph upon the surface, but evidently in a condition that would have recovered itself. The right testis, that on the side of the hernia, was in a state of inflammatory congestion, being of a dark purplish colour, and double the size of the other, its epididymis being very considerably larger, though short, hard, and imperfectly developed. It was surrounded by a distinct tunica vaginalis, and had probably remained in the canal for some time. The left testis lay entirely within the abdomen, looking very much like an ovary, and was very small and imperfectly developed, of a pale, dull white colour.

Before concluding, I may mention that, so far as my experience goes, operations for strangulated congenital hernia are, as a rule, highly unsuccessful. The mortality is greater after operations for this form of hernia than for any of the other varieties of inguinal rupture. The reason of this I believe to be, in a great measure, that the stricture is peculiarly tight, that it is always situated in the neck of the sac (and that does not admit of external division), and that, the hernia lying in an unclosed tunica vaginalis, the peritoneal cavity is necessarily extensively opened up.—*Lancet*, July 9, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

New Anæsthetic—Bisulphide of Carbon.—Dr. Wm. H. Uhler, of Falls of Schuylkill at a recent meeting of the Academy of Natural Sciences, mentioned that he had a short time before accidentally inhaled the vapour of the bisulphide of carbon, which had produced complete anæsthesia. He was removed from the laboratory by the workmen in a completely insensible condition. He revived in a short time suddenly and completely, and he did not subsequently experience any nausea, or the least unpleasant symptom. Whilst in a state of anæsthesia, his visions were of the most pleasant and agreeable character.

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Philadelphia Hospital, Blockley.—The new Board of Guardians have reorganized the medical department of this institution. The office of chief resident physician has been abolished, and a Board of four visiting physicians, and the same number of surgeons and of obstetricians, has been constituted. The offices thus created have been filled as follows:—

Visiting Physicians.—Drs. J. L. Lud low, W. Mayburry, C. P. Tutt, F. E. Luckett.

Visiting Surgeons.—Drs. D. H. Agnew, R. J. Levis, S. D. Gross, R. S. Kenderdine.

Visiting Obstetricians.—Drs. R. A. F. Penrose, L. D. Harlow, J. Wiltbank, W. D. Stroud.

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Shelby Medical College.—Dr. R. O. Currey has resigned the chair of chemistry in this school, and the vacancy has been filled by the election of Dr. Henry Erni.

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Boylston Medical Prize.—This prize, for 1859, has been awarded to Dr. Calvin Ellis, of Boston, for the best dissertation on "Tubercle—its pathology and especially its relation to inflammation."

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Mortality in New York and Philadelphia.—The mortality in New York during the past four weeks has been excessive, and for the week ending on the 20th of August, it was positively frightful, amounting to no less than 710, of which number 521 were children. There were 145 deaths from cholera infantum, and 78 deaths from other diseases of the bowels, making a total of 223 from bowel complaints. A portion of this mortality has been ascribed to the foul condition of the Croton water, but whatever it may be, it should be sought out and the cause removed.

The mortality in Philadelphia during the corresponding period has been even less than usual at this season of the year.

The following table exhibits the mortality in New York and Philadelphia during the past four weeks:—

	New York.	Philadelphia.
Mortality in the week ending 30th July,	616	261
6th August,	625	243
13th "	661	240
20th "	710	205
Total for four weeks,	2612	949

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Cleveland Medical Gazette.—This is the title of a new monthly journal published at Cleveland, Ohio, edited by G. C. E. Weber, M. D., Prof. Surg. in Cleveland Medical College, of which the second number only has reached us.

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The Physician's Visiting List, Diary, and Book of Engagements for 1860.—We take pleasure in calling the attention of the profession to this highly useful annual, recently published by Messrs. Lindsay & Blakiston. Those who have once used it will, we are sure, consider a book of the kind indispensable, and we have seen none which for compactness and convenience excel this.

FOREIGN INTELLIGENCE.

Death from Chloroform.—On the 18th of July last, chloroform was administered to a man, aged 45, in Westminster Hospital, who required incisions to be made in his penis and scrotum on account of extravasation of urine.

One drachm of chloroform was placed in the inhaler ordinarily used in the Hospital; but the inhalation of this quantity only produced partial anæsthesia. Half a drachm more was then added; and the patient seemed to pass comfortably into a state of unconsciousness. Mr. Holt then made the required incisions, which occupied about a minute, the inhaler having been removed just as he began to use the knife. Just as

the operation was completed, the pulse, which had been watched by Mr. Trend, the clinical assistant (who administered the chloroform with great care), ceased entirely, with only a slight preliminary fluttering. The respirations continued for a minute or two, and it was attempted to aid them by Marshall Hall's process; and, as soon as they ceased, tracheotomy was performed, and artificial respiration was kept up for more than half an hour by means of Dr. Marcet's apparatus. Galvanism and the other usual restorative measures were employed, but in vain; the pulse never returned. At the time that the first evil symptoms occurred, the breathing was going on well; and there was no congestion of the face. Failure of the pulse and livid paleness were the first indications of danger; and afterwards the breathing became weak and flurried. No convulsive movements occurred.

The post-mortem examination was made, on the following day, by Mr. Power, assistant surgeon, and Dr. Anstie, curator of the Pathological Museum. The body was large and well formed, but excessively loaded with fat. The rigor mortis was present to a moderate extent; the blood was everywhere quite fluid.

The lungs presented precisely the appearance which might have been expected after a prolonged use of artificial respiration, viz., slight distension of the air-cells, and considerable congestion in various parts; otherwise, they were quite healthy, and certainly had not been gorged with blood at the time of death. The heart contained a good deal of fluid blood, pretty evenly divided among its several chambers; but it could hardly be said to be "distended." Its muscular walls were very thin; and the muscular tissue was of a pale fawn colour, and extremely soft and friable. It was possible easily to push a finger through the wall even of the left ventricle. Portions of the muscular tissue of each auricle and ventricle were submitted to the microscope by Mr. Power and Dr. Anstie; and the existence of fatty degeneration, in a very high degree, was at once evident. The kidneys were found to be similarly affected, the convoluted tubes being full of granular molecules of fat. The brain was remarkably healthy, and presented no traces of congestion.

The following remarks have been appended to the history of the case by Dr. Anstie:—

"There can, of course, be no doubt that death was occasioned in this instance by paralysis of the heart. The important questions which remain for us are these: 1. Did the existence of such fatty degeneration as was present render cardiac palsy inevitable if chloroform were given? 2. Ought the existence of that condition to have been known to the administrator before giving the chloroform? 3. Was every precaution used in the administration?

"To the first of these questions, we may answer that it is impossible to say what amount of fatty degeneration of the heart contraindicates the use of chloroform. I myself have given it successfully in many cases where there is every reason to believe this affection was present. With regard to the possibility of always detecting the disease, every one knows that our diagnostic means are most unsatisfactory and insufficient for the purpose. Lastly, I am certain that every care was taken, in the administration itself, as regards the use of a moderate quantity of chloroform, the gradual induction of anæsthesis, etc. etc."—*Med. Times and Gaz.*, July 23, 1859.

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Diphtheria in England.—The latest report of the registrar-general, just published, shows that diphtheria still extensively prevails throughout England, breaking out occasionally in unexpected localities. In the southeastern counties, it has caused seven deaths out of a total mortality of fifteen at Guildford, one death being that of a medical man attending other cases of diphtheria. In the county of Kent, it killed nine out of thirty-three persons at Tonbridge, three at Barham, six at Deal. In Sussex, it killed five persons at Worth, eight at Wyke, four at Midhurst. In the eastern counties, it hangs about Essex and Norfolk, killing nine at St. Faith's, eight at Cromer, five at Depwade (four of whom were of one family), and others at Milford and Tunstead. In the west midland counties it was prevalent. At Bridgnorth, in Shropshire, eight deaths occurred from diphtheria; in Staffordshire, six deaths are reported at Tunstall; four at Burslem; two at Stroke upon Trent, six at Brewood, and six at Bilston. It is announced as fatal in Worcestershire and Warwickshire. In the north midland counties, the medical practi-

tioners of Lincoln are again called upon to combat this enemy. At Spalding, it has greatly added to the average mortality, which for the last six months, has been nearly doubled. In Lincoln, twenty deaths from this cause have occurred; at Caistor, five; Stanford Bridge, five; and many others in surrounding districts. In the northwest, Sheffield returns twenty-six deaths from diphtheria; the districts in the East Riding, fifteen.

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Death of the Queen of Portugal from Diphtheria.—Letters from Lisbon give the following account of the fatal attack of diphtheria to which the young and graceful Queen of Portugal fell a victim: Shortly after returning home from a ride on the sands during a day of intense heat, the Queen complained of an indisposition, which was at first considered to be the result of a slight sunstroke, but which at last was recognized as diphtheria. The fatal disease ran its course, despite the able attendance of Dr. Gomez and the Baron de Silva, who tried the means best approved by medical art to save the royal sufferer. At this juncture, Dr. Simas, of the Misericordia, who has a special reputation for the treatment of disorders of this class, was called in; but he declared the case to be hopeless. The false membrane had extended along the air-passages, and terrible exhaustion was present. As a last resource, however, tracheotomy was performed by the eminent surgeon, Barboza; but it was of no avail.—*Lancet*, Aug. 6, 1859.

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New Disinfecting Composition.—M. Velpeau has recently communicated to the Academy of Sciences a paper from Drs. Demeaux and Corne, describing a disinfecting composition, which is said to be of great efficacy. It is introduced, with the *bravura* of scientific trumpeting, which is peculiar, on the other side of the Channel, to medical practitioners, who have furbished up an old notion, or had the good luck to hit upon a novel expedient, of which the eccentricity is but too often the chief merit, and which is only emulated here by the lessees of operatic or dramatic enterprise. We trust that the lofty claims which have been put forth may in some degree be realized on this occasion. This discovery, which is described as being of the "highest importance in surgery," and as entitling its inventors "to rank high amongst the benefactors of mankind," &c., consists in the application of a compound which "absorbs pus, and destroys its fetid smell," dispensing also with the necessity of employing lint. The prescription is as follows: Take one hundred parts of plaster of Paris, finely powdered; of coal-tar, from one to three parts, and mix in a mortar; add a sufficient quantity of olive oil to reduce the mixture to the consistence of ointment, and preserve for use in a close vessel. This mixture is of a dark-brown colour, and has a bituminous smell. The oil binds the powder without dissolving it, so that the compound retains its absorbing quality when placed in contact with a suppurating sore; and it never dries sufficiently to become inconvenient to the patient by its hardness; nor can it do any injury to the sore. The application may be immediate or mediate, according to circumstances. If applied immediately to the sore, it causes no pain, and has a detersive action favourable to cicatrization. The advantages which it offers are summed up as follows: 1. A gangrenous wound, emitting fetid and abundant pus, is at once deprived of its bad smell. 2. After a twenty-four or thirty-six hours' application, the bandages of a bad sore exhale no more smell than if they had been applied to a common fracture. 3. A cancerous ulcer is immediately deprived of its fetor. 4. The same is the case with ulcers of the legs. 5. Bandages and poultices charged with offensive pus are at once disinfected when brought into contact with the compound above described. 6. It also stops decomposition, keeps away insects, and prevents the generation of worms.

Drs. Chevreuil, Velpeau, and Cloquet have been appointed by the Academy to report on this composition.—*Lancet*, August 6.

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Remarkable Luxation of the Eye.—M. Reyssie relates the following case: During a conflagration the patient received the full stream from a fire-pump in his face. The column of water struck the eyelids of the right eye with violence, thrusting them strongly backwards. Contracting under the double influence of the shock and the cold, they forcibly compressed the globe, forcing it out of its orbit by a kind of enucleation. The author saw the patient in an hour, and found the eye hanging out, retained only by its muscles and the distended optic nerve. Its reduction was very easy. Local anti-

phlogistics and aperients were employed, and in the course of ten days he saw as well as before the accident. Seen thirty months after the accident he continued quite well.—*Med. Times and Gaz.*, June 25, from *Gaz. des Hôp.* No. 65.

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Cantagious Nature of Secondary Syphilis.—A commission, composed of MM. Velpeau, Ricord, Devergie, Depaul, and Gibert, appointed to inquire concerning the contagious nature of the secondary accidents of syphilis, has decided (with the exception of M. Ricord, who reserves himself on certain points): 1. That there are secondary or constitutional accidents of syphilis manifestly contagious; and of these accidents in an especial manner the mucous pustule or flat tubercle. 2. That this rule applies to the nurse and the child she sucklea, as well as to others; and there is no reason to suppose that the product of these accidents has different characters in the child at the breast of one what it has in the adult.—*Ibid.*

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Population of Cities.—Within the actual limits of Paris there are 1,174,346 inhabitants. The suburban communes, comprising 351,189, after the projected extension of the boundaries to the line of fortifications, the population will number 1,525,535. Paris is by far the most populous capital on the continent, inasmuch as Vienna has but 475,000 inhabitants, St. Petersburg 550,000, Berlin 430,000, Madrid 260,000, Lisbon 284,000, Naples 480,000, Constantinople 630,000, and Milan 160,000. London is the only capital in Europe more populated than Paris, numbering 2,400,000 inhabitants.—*Med. Times and Gaz.*, April 30, 1859.

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Cholera in England.—The cholera is again here, and it has arrived by the old route, from Hamburg. One case proved fatal last week on board one of the Hamburg steamers on her passage; another was sent to the *Dreadnought*, and died there, also from a Hamburg vessel; and a third died in a Hamburg vessel on the Thames. Dr. McWilliam, who is doing duty temporarily for Sir Wm. Pym, the Superintendent-General of Quarantine, has done all that he is empowered to do by having vessels from Hamburg boarded at Gravesend, and suspicious cases of disease removed to the *Dreadnought*, or elsewhere, and similar instructions have been sent to our eastern and northeastern ports; but beyond this the Privy Council will not act. The mischief is probably done by this time, and we are not likely to escape an autumn epidemic of cholera; but we have a strong conviction that it would be well to keep all vessels arriving in England from Hamburg, or from any port infected with cholera, under observation for at least three days before admitting their passengers to land in this country. This could lead to no very great inconvenience or loss, and it would surely be better to err on the side of excessive caution than of culpable neglect.—*Med. Times and Gaz.*, Aug. 6th, 1859.

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Cholera and Cholerine at Paris.—Considerable alarm has been felt at Paris, under the idea that the cholera has reappeared. It is true that during the great heats a great number of cases have occurred, and several patients have been rapidly carried off. Cholerine, too, prevails on a large scale. Still the disease has not manifested the character of an epidemic; and there can be little doubt that this sporadic cholera will disappear, as the usually high temperature of the last few weeks has abated.—*Ibid.*

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Cholera in Bombay.—Between the 2d and 22d of June 683 persons, of whom six were Europeans, fell victims to cholera in Bombay; and at the departure of the last mail this fatal scourge raged with great violence.—*Ibid.*

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Antigalactic.—M. Van Horsbeck very gravely states that he has employed, for more than three years, without ever failing, the following method for arresting the secretion of milk:—

"I introduce into the end of a goose-quill a quantity of metallic mercury, closing the ends of it with sealing-wax. The woman suspends this little instrument in front of the sternum, and in less than twenty-four hours the secretion of the milk ceases entirely; the breasts two days afterwards taking their natural size!"

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Statue of Morgagni.—A subscription has been opened at Naples for the purpose of erecting a statue of Morgagni.

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Statue of Dr. Jenner.—A statue of Dr. Jenner, by Eugene Paul, has been cast in bronze and set up temporarily opposite to the river front of the Louvre.

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GULSTONIAN LECTURES.

On Fever and Inflammation. Delivered before the Royal College of Physicians, London, 1859. By WILLIAM ADDISON, M. D., F. R. S., F. R. C. P.

LECTURE II.

IX. *Fever.*—When a person is inoculated with the virus of smallpox, a poison is introduced into the body—nay, into the blood. That it distempers the blood, is concluded from the generality of the symptoms.

These are, rigors and shivers over the whole body; to which succeed a fever, hot skin, quick pulse, and general illness, accompanied with severe pain in the back and head, inclination to vomit, pain on light pressure at the pit of the stomach, stupor, and drowsiness.

Counting from the first invasion of the fever, the pustules of smallpox arise on the fourth day, rarely sooner. At first very small, they grow greater every day, and rise more and more to a head filled with pus. About the eighth day, the spaces between the pustules look red, and the hands and face swell. On the eleventh day, the swellings are evidently going down, and the pustules have reached their full magnitude. At this time, the fever has greatly diminished or wholly vanished.

Matter taken from any of the pustules will reproduce the fever with certainty in a person who has never had it. The virus, therefore, has been multiplied a myriad-fold—regenerated in the body of the patient. And the question proposed is: To what element of the tissues or of the blood is the reproduction of the virus to be attributed? The pustules do not make their appearance until some days after the fever; excluding them, therefore, from any share in *generating* the virus, the plasma and the corpuscles of the blood remain for examination.

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Liebig, it is well known, ascribes the phenomena which succeed the introduction of the smallpox virus into the blood to a process exactly resembling fermentation. Yeast, he says, is putrefying gluten, and its component particles are therefore in a state of intestine motion or transformation. And he lays down the proposition—that a substance in the act of decomposition, added to a mixed fluid in which its constituents are contained, can reproduce itself in that fluid exactly in the same manner as new yeast is produced when yeast is added to liquids containing sugar and gluten.

Thus the virus of smallpox, which virus is formed out of blood, causes such a change in blood as gives rise to the reproduction of the virus from the constituents of that fluid; and the transformation is not arrested until all the particles of the blood which are susceptible of the decomposition have undergone the metamorphosis.

Admirable as this teaching is, there is another view of the matter. Naturalists insist that yeast is a growing plant; and physiologists insist that changes in a medium in which living bodies grow, are to be referred to other laws than those of ordinary chemical affinity.

In the January number of the *Quarterly Review*, for the present year, the writer of the article "On Bread," says:—"The yeast-*plant* represents one condition of a species of fungus remarkable for its wide distribution and the magnitude of its effects. The forms in which it is familiar to most persons, are yeast, the vinegar-plant, and the common blue mould which occurs on sour paste. Yeast and the vinegar-plant are the forms in which it vegetates under various circumstances, when well supplied with food. Mildew or mould is its fruit. The yeast plant," he goes on to say, "is a wasteful feeder. Not only does it decompose so much of the liquid as it requires for its own nutrition, but it produces a similar decomposition in the liquid around it; and this *contact action* is at present a stumbling block to natural philosophers, many of whom are earnestly endeavouring to surmount it. The chemist refers it to the same unexplained force by which inorganic substances cause the combination or separation of substances, without themselves undergoing alteration; as when spongy platinum causes a mixture of oxygen and hydrogen gases to unite and form water."

Many thoughtful and learned men have protested against the prevalent tendency to explain all vital phenomena by physical and chemical laws only, without regard to the order of conceptions specially belonging to vital phenomena. However this may be, the multiplication or increase of a contagious virus—such as that of smallpox in the blood of a living person, its discharge by the pustules of the skin, and the patient's recovery from it—may *à priori* be assumed to be something more than a simple physical fact.

But let us state the argument, from which we shall conclude that—

X. *The Virus of Smallpox is generated by Abnormal Metamorphosis or Disease of the Corpuscles of the Blood.*—It has been established by unquestioned microscopical observations, that the qualities and secretions of an organ are aggregates of the qualities and secretions of the minute cells which compose it. In vegetable structures, the qualities of the leaf are produced by, and reside in, the cells of the parenchyma of the leaf. The colours of petals and the qualities of fruits are aggregates of the qualities or properties of the cells composing these parts.

In animal bodies, the qualities and secretions of the liver, skin, and kidneys, are known to be produced in the cells or particles composing the parenchyma of these organs. In all cases that are known of the generation of poisons in a living body, the poison is a product of cell-metamorphosis. It is so in vegetable bodies—instanced by opium, strychnia, belladonna, etc.; the properties of the juice of the poppy and of other plants being generated in the cells of the plant. So also in animal bodies; the poisons of wasps, bees, and serpents, are generated by the metamorphosis of cellular bodies.

Analogously of blood, we have shown that some of its most prominent and important qualities are qualities of its corpuscles, of the cellular bodies floating in it. And we have discussed the physiological production of matter in the blood corpuscles of the human body which is poisonous to the brain, namely, the matter of venous blood. When, therefore, as in smallpox, blood becomes the seat of a contagious poison which has been generated in it, there is a strong inducement to interpret the pathological fact by reference to physiological laws and phenomena.

And this consideration has much more weight than might at first appear; if we find contagious fevers arise from exposure of the blood to miasms in the atmosphere, that the infection is received during respiration, and through the lungs, where we have actual proof that the corpuscles are naturally changed in properties and colour; and if not so changed, that they carry within them a poison through the body which disturbs the functions of the brain.

It seems opposed to all reason to infer that the smallpox virus, a matter of definite quality and action, often generated in the blood in very large quantities in a few days, should be referred to the plasma, a fluid of variable composition, when all analogy bases it in the corpuscles.

Upon these grounds, we put forth the following physiological interpretation of the phenomena which succeed the introduction of the smallpox poison into the blood by inoculation. The corpuscles of the blood, passing in the vessels at the moment these are wounded and opened by the instrument which introduces the virus, are the first affected by it; and from them the rest of the corpuscles are infected by contagion, or contact action. The spreading of disorder from corpuscle to corpuscle throughout the blood, is denoted by the fever, which rises daily greater and greater, until inflammation and pustulation are established.

The physiological demand is here deemed analogous to that where abscess and ulceration is established for the expulsion of a thorn or a slough. That is to say—in thorns, sloughs, and necrosis of bone, the demand is for the expulsion of an injurious body from the solid texture (the common tissue). In smallpox and other fevers, the demand is for the expulsion of some hurtful matter from the plasma of the blood. In both examples, forms of inflammation are the phenomena.

Life is a state of constant antagonism to the forms of dead matter; and any injury or decomposing tendency excites reaction. The corpuscles of blood, infected with a contagious poison, therefore, react against it: they excrete, throw off, or free themselves from the virus, and their countless multitude gives quantity to the products. The prosecution of the virus then devolves upon the plasma; and in smallpox, inflammation and pustulation in the common tissue of the skin is established for its final expulsion and the patient's recovery.

It is of no consequence to our interpretation of the reproduction of the virus of smallpox, how the rival claims of chemistry and physiology are disposed of; for, whether the contagion does spread through the blood from particle to particle in the manner of a chemical ferment, or whether from corpuscle to corpuscle as from one living body to another—whichever form of words or ideas is chosen, the proposition that the corpuscles are the particles of the blood through which the poison operates is agreeable with, or remains unshaken by the acceptance of either explanation. But, whatever be the order of our conceptions as relates to the regeneration of contagious poisons in the blood, whether chemical or vital, the same ought to be carried out in its consequences. Therefore, if the origin of the smallpox poison be referred to a chemical ferment, the origin of other poisons in plants and animals ought also to be referred to chemical action. Should this be done we may truly dismiss vital action and vital conceptions altogether from the scene. Are we yet prepared to go these lengths? Much consideration, we think, is demanded before an affirmative answer be given.

The assumptions necessitated upon either view of the phenomena of smallpox disease may be considered as in favour of the physiologist. On the one hand, by the chemical philosopher it is assumed that yeast is decomposing gluten; that the growth of yeast is a progress in decay; that the smallpox virus is in a state of intestine motion, and that this commotion is communicated to some unknown particle or ingredient in the blood. On the other hand, the physiologist does no more than state that yeast is a living plant; that the corpuscles of blood are living organisms with the properties of other cellular bodies, namely, growth and metamorphosis, and that some of them, infected by injurious matter imbibed from the air or otherwise introduced into the blood, communicate disorder to the rest by contagion, or contact-action. Of these two interpretations, the chemical one is unsatisfactory, because it breaks up all our ideas of peculiarities in living bodies; it leaves unexplained numerous other examples of contact-action in physiology, and it refers indefinitely to particles in the blood, without distinction between the plasma and the corpuscles; whereas, we point specifically to bodies floating in the fluid of the blood

of the same class or kind with other bodies which are known to generate poisons, both in animal and vegetable structures, and which, moreover, in the human structure, do unquestionably generate and contain the matter or poison of venous blood. Lastly, there seems a preponderance in favour of the interpretation which bases the phenomena of smallpox fever upon the corpuscles of the blood rather than on the plasma; because, as we have said, in all instances known of the generation of poisons in living bodies, animal or vegetable, the production of the poison is a function of analogous bodies.

The regeneration of a contagious virus in the blood and symptoms of fever go together; therefore, if the production of the virus be rightly ascribed to abnormal metamorphosis of the corpuscles, phenomena of fever must be based upon the corpuscles. It is to be examined, therefore, by what facts we support this more general conclusion.

Gout is a disorder attributed to altered qualities of the blood. Yet it forms a strong contrast with smallpox and other fevers; and from this contrast the suggestion arises, that if in either of the two diseases, gout or smallpox, the *materies morbi* can be fairly allocated to one part of the blood, the place of the other will have been found.

Now the close dependence of the plasma upon articles of diet, and the argument that the plasma may become distempered without necessarily involving the corpuscles, have been discussed. Gout is a disorder substantiating the argument. For its access is promoted in a very remarkable manner by a full and luxurious mode of living; and the more surely, if this be conjoined with a sedentary and inactive habit, which is known to produce inactivity in the depurating organs. The attack commonly comes on without previous warning. The person goes to bed and to sleep, thinking himself in his usual health, and is awakened in the middle of the night with pain and inflammation in one of his feet. If there be any previous indications of the approaching attack, they are referable to the digestive and depurating organs; such as diminished and high coloured urine, diminished appetite, flatulence, and, perhaps, some slight diarrhœa, or its opposite constipation.

In gout, inflammation is the primary and diagnostic phenomenon. That it is a depurative action is shown by the result. There is no fever. A *materies morbi* is deposited at the place of inflammation; but this is not contagious. By proper medical treatment the natural depurating organs—the skin, bowels, and kidneys—may be stimulated to assist in removing the offending matter from the blood, so that the inflammatory reaction may be either shortened, mitigated, or altogether extinguished.

In contrast with this sketch of the phenomena in gout, contagious fevers arise in a different way; not through errors in diet, but from poisonous substances inhaled by the lungs or ingrafted into the blood. Symptoms of fever are primary features of the disorder. A contagious virus is generated in the blood, and inflammation is consecutive or secondary, following after symptoms of fever, because the plasma is distempered, not primarily, as it is by errors in diet, but consecutively, through the excretions of the previously diseased corpuscles.

These statements, we apprehend, contain the ground of distinction between erysipelas, as a local inflammation, and erysipelatous fever; rheumatism and rheumatic fever. In the local inflammations without fever, the plasma only; in the fevers, both corpuscles and plasma are disordered.

As this is an important point of our subject let us recapitulate the facts:—

Diet replenishes the plasma; and the plasma is the part of the blood from which elements of repair and inflammation are taken. Unwholesomeness of diet disorders the qualities of the plasma, and produces gout, an acute inflammation without fever; and morbid matter from the plasma is deposited at the place of inflammation. There are other inflammations where evidence of a depurative action upon the fluid of the blood appears.

Air acts directly on the corpuscles of the blood, which are bodies with the properties of cells. From substances in the air fever arises; and in fever a contagious poison is generated in the blood. The corpuscles of the blood naturally contain within them the matter of venous blood, which is poisonous to the brain. And in other instances—in vegetable and animal structures—bodies, analogous to the blood-corpuscles, are the organisms in which poisons are produced.

From these facts, we draw the general conclusion that abnormal metamorphosis, or

disease of the corpuscles of blood, is the antecedent of fever; and distemperature of the plasma the antecedent of inflammation.

XI. *Inflammation as a Therapeutical or Depurative Reaction, in Cases of Fever.*—In some fevers, or in some cases of fever, the natural depurating organs are sufficient; or, by proper medical treatment, they may be roused to a sufficiency for the elimination and discharge of the morbid matter made over to the plasma from the diseased corpuscles. If this can be accomplished, there will be no call or necessity for any preternatural depurative reaction between the plasma and the common tissue. In such case, therefore, the person has, and must go through, the fever; that is to say, the blood corpuscles must pass through the phases of their disorder; but he is saved, by judicious medical treatment, from a local inflammation, because distemperature of the plasma, consequent upon disorder of the corpuscles, is met and relieved by the natural working of the depurating organs. These organs act upon the plasma; and inflammation is an action between the plasma and the vessels. By one or the other, or by both ways, the fluid of the blood may be relieved of hurtful matter; and, as the severity and duration of symptoms of fever are a measure of the severity and duration of disorder in the corpuscles, so, we apprehend, the severity and duration of the consecutive inflammations are a measure of ease or difficulty with which the morbid matter separates, or sloughs off, from the rest of the fluid, and is made over to the common tissue for discharge. But, in cases of fever, we apprehend that neither the natural organs nor inflammation can effect this depurative purpose, so long as disorder is limited to the corpuscles.

The *materies morbi* of the corpuscles—of whatsoever nature this may be—must leave them, and be discharged into the plasma, before any depurative means can come into play for the final expulsion of it from the fluid of the blood. This appears to be the *rationale* of our inability, by any means which have hitherto been tried, to cut short the progress of a fever.

The argument respecting the therapeutical properties of inflammation in distemperatures of the fluid of the blood was partially discussed in the first lecture; and we now proceed with what further we have to say on this subject.

Case.—At 8 o'clock in the morning of Dec. 28th, a physician, who was assisting at the *post-mortem* inspection of the body of a lady who had died of puerperal peritonitis, unfortunately pricked his finger. Twelve hours afterwards, he felt some pain at the part; and he had it touched with nitrate of silver. During the night, shiverings came on, and he felt extremely restless. On the morning of the 29th—the next day—the finger was swollen, and red lines extended up the arm. In the evening of that day, the symptoms were not abated, and there was great prostration. On the 30th, the hand and arm were greatly swollen, the glands in the axilla were affected, and the pain was very great. On the 31st, the pulse beat from 90 to 100 in the minute; and the breathing was heavy and irregular, with torpor and drowsiness. In the evening, all the symptoms were increasing; and now an erysipelatous blush from the axilla extended over the side of the chest. During the night, the breathing became difficult, and the drowsiness passed gradually into deep stupor. Death took place at six o'clock in the morning of January 1st, not quite four days from the infliction of the wound.

In this case, the phenomena, in all important respects, are similar to those observed in traumatic erysipelatous fever, and in puerperal fever. The circumstance of the disease arising in the manner related—namely, from inoculation of a poison from the body of another person who had had puerperal fever—establishes the relation between it and the contagious fevers, and shows that the fatal termination in so short a period is to be attributed, not to inflammation, but to disease of the blood. If this be assented to, the case is taken out of the category of inflammatory diseases, and is placed in that of blood diseases.

But if this and analogous cases—if erysipelatous fever, puerperal fever, gout, smallpox, and the other exanthematous fevers—be considered as blood diseases, a great step indeed will have been taken, in the direction we are arguing, towards removing inflammatory reactions altogether from the pathological list; and a wide avenue is opened for a reconsideration of their true import.

Moreover, much doubt is thrown upon the value of the labours of the pathological anatomist, who may regard effects left by internal inflammation in fatal cases of blood-

poisoning as showing anything whatever of the nature or seat of the disease. For the question arises, whether inflammation, and the suppurations which may appear in contagious fevers, are not appropriately placed in the same class with inflammation and suppuration in smallpox, sloughing carbuncle, and necrosis of bone; all of which are indisputably therapeutical reactions, the only difference being that, in the one class of cases, the actions arise for therapeutical purposes in the solid parts—the common tissue; in the other, for therapeutical purposes having reference to the fluid of the blood.

If we impartially review phenomena of inflammation as a matter of natural history, and begin with the simplest cases—scalds, burns, sloughs, and fractures (injuries to the common tissue), and boils, eruptions, gout, and smallpox (from injury to the qualities of blood)—we can scarcely fail of perceiving, in both classes, that the forms and amount of the action depend upon, or are governed by, the amount or extent of injury sustained. And, if hindrances protract the process of repair, so also analogous difficulties protract depurative forms of inflammation. If keeping peas in a sore protracts granulation and discharge, so also perseverance in unwholesome articles of food will protract ulceration. In mechanical injuries, the cause of the injury (the heel of the horse, or the cart-wheel), the part injured (the torn flesh, or the broken bone), the extent and nature of the hurt (contusion, laceration, and comminution)—all these, and also the subsequent reaction (the process of repair), are objects either of sight or of touch, or of both. On the other hand, in injuries to the blood, all these things are, and, to a great extent, must remain, matters of reasoning and deduction. We have said, that very little can be demonstrated of the vital and depurating processes constantly going forward in the blood of the living person. In the engrafted smallpox, it is true, the poisonous matter introduced into the blood, and the consequent inflammation and suppuration in the skin, are seen; but the essential part injured—the elements of the blood—the extent of their injury, and the depurative reactions going on amongst them, and which connect the introduction of the virus with the fever, and the subsequent inflammation and suppuration, are not seen. Likewise, in the fatal case just related, there was evidence of the introduction of poisonous matter into the blood through the wound of the finger; but the rapidity with which it spread throughout, and destroyed the normal quality of the blood, was only to be proved by the rapid course of the symptoms and the fatal termination. In this case, we argue that the inflammation and swelling of the glands in the axilla were reactionary efforts to arrest the course and eliminate morbid matter, though they failed; and they failed upon the same ground that similar efforts fail in cases of severe mechanical injury; namely, because the injury inflicted on the blood was so great that life succumbed before measures of relief could come effectually into play. In severe mechanical injuries, persons sometimes die before, or soon after, a process of repair is established; so likewise, in injuries to the blood, persons will die before any inflammation appears.

XII. *Diseases of the Corpuscles of Blood.*—With respect to disease or abnormal metamorphosis of the corpuscles of the blood, and its association with symptoms of fever, numerous observers have described their darker colour, and the easy transudation of their colouring matter in typhus. Denis, for example, describes the blood in typhus fever as deficient in fibrin. He says that air had no effect in reddening it: and, on analysis, it was found to contain ammonia. Dr. Armstrong observed the blood in typhus from the temporal artery as dark as that from the veins.

The general appearance of blood in malignant fevers has been described by Huxham and Fordyce. At the first commencement of symptoms of fever, the blood was sometimes buffed; but the clot beneath was always of a loose texture, scarcely cohering, and very dark in colour. If the patient was bled two or three days after the onset of fever, the blood was found incoagulable, having the appearance as when spirits of hartshorn is added to blood as it runs from the vein, which darkens its colour, and prevents coagulation.

In the yellow fever of the West Indies, blood has been observed to be hotter than in health. As fever progresses, it becomes black and thin. Dr. Blair says that, in many instances the corpuscles were found so much dissolved that, in several specimens of fever-blood, but few of them could be observed.

It has been found that a diminished amount of carbonic acid is discharged from the blood by respiration in cases of fever; and this fact, taken in conjunction with the dark colour of blood, is conclusive as to one, at least, of the functions of the corpuscles being disordered in fever.

Rokitansky, Simon, Perry, and many other accurate observers, all speak of the dark colour and changed state of the corpuscles of blood in malignant fever, of the incoagulability of the plasma, and of the staining of the tissues and of the serum by the colouring matter which transudes the corpuscles.

As regards the microscopical appearances of the corpuscles of blood in fever, we hesitate at present to lay any stress upon them; because in persons in health, they very speedily change their figure and outline in a very uncertain manner. Some of them become notched with projecting points, and otherwise changed in outline; others assume globular forms; they are influenced as respects these changes, it would appear, by the temperature of the glass upon which they are received for examination, and by the way in which they are covered by the thin glass. Some are seen paler, and some smaller than others; some adhere closely together in rolls, others float about separately without the least disposition to adhere to their neighbors. All these varieties may be seen in the same small quantity of blood which is alone available for microscopical inspection, especially if the exterior edges of the film of blood be brought into the focus of the microscope.

Notwithstanding these obstacles to the drawing any positive conclusion from the microscopical appearances of the blood-corpuscles in cases of fever, it is quite as likely to be by the microscope as by chemistry that future advances in the pathology of these bodies will be made. For how can any bulky chemical manipulation satisfactorily eliminate results from the plasma from results from the corpuscles? especially if, under the influence of reagents, as we shall show, they throw out matter from their interior into the fluid in which they swim, and yet preserve their integrity or individuality. "Hitherto, at all events," as Rokitansky has well observed, "chemistry cannot be said to have excelled, as respects the pathology of these bodies, the achievements of a circumspect anatomical survey, notwithstanding the limited resources at the disposal of the latter.

Experiment 1.—Take a slip of glass, such as is used for mounting microscopical objects, receive on it a very small drop of blood, and place close to it with a pipette a drop of any fluid, chloroform, ale, weak sugar and water, etc., and the quantity of the extraneous fluid should not exceed the quantity of blood. Upon now dropping on the two fluids a thin piece of glass, their nearest edges will mingle, but in various proportions.

In these experiments we find the *outline* and the *interior* of the corpuscles of extremely various appearances in the same experiment, but nothing appears thrown out from them.

Experiment 2.—Proceed as in the last experiment, but let the fluid used be sherry wine. The corpuscles, along the line where the blood and wine mingle, will soon begin to throw out molecules around their circumference, many of which pass away into the fluid; others grow out into long tails, which remain attached to the corpuscles, and terminate in a knob. They also wave about in a very singular manner. After some time (half an hour), the tails or filaments become nodulated, and then break away from the corpuscles, and when they have done so, they continue their singular movements in the fluid.

Some years ago, when making observations on the plasma or liquor sanguinis of blood, drawn by venesection in cases of fever and inflammation, we observed in the fluid a vast multitude of minute molecules. (*Medical Gazette*, vol. ii., 1841–42.) And the molecules seen in the experiment here related, are precisely the same in magnitude and appearance as those we saw in the fluid of blood drawn in the cases of fever. Now we believe that the blood-corpuscles do not immediately lose their vital or chemical properties when withdrawn from the body. Therefore, we regard the remarkable forms and actions they exhibit under the influence of sherry wine, as phenomena of a species of reaction, which, amongst multitudes of them, is various or unequal, hence the various appearances presented. In some, the resistance offered to the extraneous fluid is more easily overcome than in others.

Whe have frequently examined with the microscope blood taken from persons affected with acarlet fever, with reference to

the appearances in the plasma, and have always noticed the following facts. The colourless or plasma corpuscles are much more numerous than in persons in health, and especially so if the blood be drawn from the skin as the fever is passing off and the epidermis beginning to exfoliate. They are of different sizes and present different appearances. In the open spaces between the rolls of the red corpuscles, irregular masses of granular matter and numerous free molecules are seen floating in the fluid.

In cases of diphtheria, we find that the plasma presents the same appearances as are seen in scarlet fever. Formerly we supposed the free molecules observed in the plasma of blood, drawn in cases of fever and inflammation, to be derived from the colourless corpuscles; but now that we have seen them thrown out by the red corpuscles, there is actual proof that these corpuscles, in their reactions upon extraneous substances, do themselves throw off matter into the fluid in which they swim. The appearances, then, which we have seen in the fluid of the blood in cases of fever, and the behaviour of the corpuscles in the experiment we have related, appear to corroborate our conclusions respecting the excretions of the corpuscles passing into the plasma, and the association of these excretions with phenomena of fever.

Before proceeding with our argument, it will be convenient now to refer to some collateral incidents which require our notice.

First, it may be objected to our proposition respecting the antecedent of fever, namely, disorder or disease of the blood-corpuscles, that in venosity of blood, where a poisonous element of the corpuscles fails of being discharged by respiration, the symptoms are those of brain disturbance, and not of fever. In *morbus cæruleus* there is no fever necessarily.

To this objection it may be replied, that the presence of a venous quality in the corpuscles does not imply disorder or disease in them, in the same way that it is concluded to arise from miasms in the air. The substance—carbon or other matter—which gives to the corpuscles their venous character, is a substance natural to them, an essential ingredient of their composition in certain parts of their course in the circulation. Therefore, it is to be expected, it would occasion no unusual reaction on the part of the corpuscles themselves, though the brain suffers; whereas, a poison from the air may be presumed something quite heterologous to the corpuscles, and doubtless they react with more energy against a foreign injurious matter, than against anything which is a part of their normal composition.

In cases of blood-poisoning through the stomach, such as drunkenness from alcohol, narcotism from opium, and salivation from mercury, the locality and character of the symptoms point out which organ it is that suffers first or most from a particular poison diffused through the plasma. And if in these examples fever be absent, the argument is, that the parenchymatous organ is affected before the corpuscles of the blood, fever appearing when they partake of the disorder.

In cases of blood-poisoning through the lungs, on the contrary, the symptoms begin with fever, and the argument is, that the corpuscles of blood are here affected first, before the plasma or any of the local parenchymata; fever denoting an abnormal metamorphosis of the corpuscles.

A venous state of the corpuscles of blood is not an abnormal metamorphosis. The condition comprehended in the term venous is one natural to them. Misplaced venous corpuscles disorder the brain; but fever does not appear, because the venous state is natural to the corpuscles. The absence of symptoms of fever, when venous blood circulates arterially, is therefore no valid objection to the proposition we are arguing.

Again, we have hitherto purposely abstained from any reference to the brain or nervous system as causes of fever and inflammation, not because we underrate their powerful influence over blood and the secretions, but because so important a part of our subject requires a special consideration, which we can here but briefly indicate.

It has been argued in the former lecture, that the elements of the parenchymatous organs and the corpuscles of blood have the common properties of other living cellular bodies; and among these are properties of affinity, which differ in relation to different substances. And there can be no doubt that the corpuscles of the blood, as respects the various substances they encounter in their course during circulation have much more intimate relations with (or a greater affinity for) some than others. For example, in the lung, a special reciprocal action takes

place between the corpuscles which are within the vessels and the air which is outside them. And, as if to facilitate this action, the coats of the bloodvessels in the cells of the lung are reduced to an extreme degree of thinness.

Now, it may be argued of any other special organ, where the coats of the capillary vessels are reduced to a still greater degree of thinness than in the lung, that they are so for a similar purpose. Thus, in the brain, an organ very largely supplied with blood, the coats of the extreme vessels are so thin that we fail to trace them in all their various ramifications; indeed, so entirely are they altered that the elements of the organ have but a slight coherency. And, unless the contrary can be shown, we may infer this disappearance of the ordinary properties of bloodvessels to be for the purpose of removing all obstacle to the closest possible contact between the corpuscles of the blood and the parenchyma of the brain. This inference is corroborated by the fact that the brain is the organ specially affected by an abnormal circulation of venous corpuscles. That is to say, the brain is the organ which first detects the presence of an abnormal venous quality in the corpuscles.

If, then, we may regard the thinning away of the coats of the capillaries of the brain as facilitating a contact action between the corpuscles of blood and the substance of the brain; and if, moreover, we are able to appeal to the known effect of venous corpuscles upon the functions of the brain denoted by drowsiness, stupor, delirium, and coma, as proof of a special action between the brain and the corpuscles, then we may claim the constant occurrence of similar cerebral disturbances in fever as corroborative of the view which bases phenomena of fever upon abnormal metamorphosis of the corpuscles of blood; the brain —to use a chemical phrase—being the test of the condition of the corpuscles.

All the functions of a living body may be comprehended as a series of actions and reactions; and, if it be admitted that the corpuscles of blood do perform a special function in the brain, there must necessarily be reaction from the brain upon the corpuscles.

Case.—A young married woman, aged 19, was delivered of her first child. The labour was natural, and she went on favourably until the fourth day from her confinement, when her husband stayed out late at night, and returned home drunk from a fair, very much knocked about. By this she was thrown into a state of great nervous excitement. Very shortly after, she was seized with a numbness of the legs and shivering, and then with pain in the head and wandering of the mind. The secretion of milk was interrupted; the skin became hot and dry; no sleep could be procured; and the pulse beat 120 in the minute. The wandering of the mind passed into furious delirium, and all the symptoms of fever and excitement continued for several days. It was only by judicious medical treatment and careful nursing that the disorder was subdued on the seventeenth day.

In this case, we argue that the fever arose, not immediately from the nervous shock, but from disorder of the blood-corpuscles; and, as our researches have led us to interpose distemperatures of the fluid of the blood between errors in diet and inflammation, and disorder of the corpuscles of blood between aërial miasms and fever, so analogously of mental emotions and nervous shocks, when they occasion or aggravate fever or inflammation, we conclude they do so by disordering, or adding to the disorder, of one or other, or both parts of the blood. Errors in diet do not produce inflammation, unless the fluid of the blood be distempered; also a miasmatous air does not produce fever, except the blood-corpuscles be affected; so, too, great convulsions and loss of consciousness (in epilepsy, etc.) pass away without fever, if the blood be not affected. The close sympathy between states of the corpuscles of blood and the brain, then, supports our proposition that symptoms of fever and the generation of poisons in the blood are to be based upon disorder of the corpuscles.

XIII. *Two Species of Fever.*—In the last lecture, we said that the corpuscles of the blood derive materials of their growth and nourishment from two sources, namely, the atmosphere and the plasma; and that their excretions are discharged in two ways—partly into the atmosphere, as carbonic acid, and partly into the plasma. It follows necessarily that the blood-corpuscles may be disordered in two ways; namely, by injurious matter in the air, and by injurious matter in the plasma. Wherefore, if fever be the expression of disorder in the corpus-

cles of the blood, we should expect—because they may be injured in two ways—two forms of fever. And there are two forms of fever, designated respectively contagious and hectic fever. Having discussed the phenomena of contagious fever, we have now to speak of hectic fever.

The corpuscles of the blood, in common with other cellular bodies, have within certain limits a power of resistance against injurious agents. It is not every passing impurity of the atmosphere, nor every injurious change of quality of the plasma, that establishes symptoms of fever. Nevertheless, poisonous substances in the air do, we know, occasion contagious fever; and we propose to show that a sufficient debasement of the qualities of the plasma, by disordering the corpuscles, will produce hectic fever.

In necrosis of bone, it has been shown for what purpose inflammation arises; and why it fails, or is hindered of cure. The persistence of the hindering cause—the dead bone—gives chronicity or permanence to suppuration, ulceration, and fistulous openings in the flesh. It is notorious in these cases, and in the analogous ones of diseased joints, that hectic fever sooner or later appears; and the sooner, if the person with his permanent source of illness (the chronic suppuration), be also exposed to privations, hardships, or unwholesomeness of food. Again, in pulmonary consumption, where the blood is continually passing and repassing numerous places of suppuration, hectic fever appears. Numerous other examples might be given; but these are sufficient to show that protracted forms of inflammation —namely, chronic suppurations and ulcerations—are in some way antecedents of hectic fever. Now, when inflammation, suppuration, and ulceration are hindered and protracted, spoiled material from the places of suppuration may ebb back by the roots of the veins into the plasma.

In proof of this, we may refer to the great work of Rokitansky, his *Pathological Anatomy;* and we shall quote the thirtieth experiment related in the third series of our own experimental researches.

"*Experiment* 30.—Select a small light coloured frog, with as few pigment spots as possible, because these obscure what is going on in the vessels. Irritate the web of one of the feet by immersion in tepid water (97° Fahr.) for thirty seconds, and afterwards gently scratch it with the point of a needle, taking care not to wound or open any of the bloodvessels. At the expiration of an hour or two, upon examining with a microscope, several of the capillaries and small veins will be seen crowded with colourless corpuscles. Now let a weak solution of potash—one part of the alkali to three of water—be lightly brushed over the web with a camel's hair pencil, immersing the foot in cold water immediately after. In bloodvessels thus treated, we have seen red corpuscles glued together, and lumps of colourless matter passing away from the sphere of irritation along the widening channels of the small veins. Or these morbid matters, becoming stationary, have been the means of dividing the current of the blood into two streamlets within the vessels."

Such an experiment as this proves that local changes in the qualities of blood may be produced in places of irritation; and if in places of irritation, then also in places of inflammation and suppuration. And it shows, we think, in a satisfactory manner, how the mass of the plasma may become distempered by any continual ebbing back of spoiled material from places of protracted suppuration.

No one can doubt that the fluid of the blood is altered, and may be distempered, by unwholesomeness of diet, and by neglect of the daily excretions by the skin, bowels, and kidneys. It is also evident that these common sources of distemperature of the fluid of the blood must operate not only in persons in health, but also in persons who may be afflicted with chronic forms of inflammation, such as are present in necrosis of bone, in diseased joints, pulmonary consumption, etc. And if, in these last mentioned examples, distemperature of the fluid of the blood from errors in diet, or other such causes, concur with distemperature from absorption of spoiled matter from places of chronic suppuration, then there will be *deuteropathy of the plasma*, or disturbance of the qualities of the fluid of the blood from two points at the same time; namely, unwholesomeness of food and absorption of morbid matter. And it follows from the physiological relations subsisting between the corpuscles and the fluid of the blood, that an increasing debasement of the qualities of the fluid *must* at length disorder the corpuscles.

But one of the chief points we have been

arguing for, is the therapeutical relations of inflammation to the fluid of the blood. We have said that suppuration is a means whereby injurious matter is eliminated from the plasma; that granulations and pus may perform the office of a depurating organ vicariously. Now we are saying that chronic suppuration and ulceration will occasion deuteropathy of the plasma, and thereby fever. This seems an incongruity. A little consideration, however, will show that it is only seeming incongruity. Diet sustains life and health only by measure; it is pathological in excess and by deficiency. Heat or temperature contributes to life and health only by measure. Oxygen, an essential constituent of the atmosphere, is an element of health and life only by measure; any great variation from a mean amount is pathogenetic. Too much or too little would equally occasion disturbance of health.

So likewise of the matters we are discussing; the process of repair in the commonest injuries has its pathological as well as its therapeutical aspects. The reaction upon which cure depends may be too much, or too little, or too long about. Granulations may be languid, or indolent, or deficient; or they may luxuriate, and usurp the place of fibrous tissue when fibrous tissue is needed for reparation. And fibrous tissue may hold its ground when osseous tissue is demanded for cure. This is sometimes the case in fractured bones. In ordinary contusions, great swellings appear and disappear. In their appearance, matter from the plasma of the blood must have become stationary in the part. In their disappearance, this matter must have been absorbed again into the blood. There must be, therefore, in these cases, in some way or other, a ready passage for elements from the injured tissue into the fluid of the blood.

Analogously, inflammation, as a depurative reaction in distemperatures of the fluid of the blood, may be hindered and interfered with in various ways. There may be too much or too little of it; and certainly it is very often protracted by the persistence of the blood distempering causes. If, then, there be a ready passage—to and fro, as it were—between the fluid of the blood and the common tissue, it is not difficult to perceive that interference and hindrances may interrupt, or even reverse, the action in this particular.

The ordinary process of repair, then, has a double aspect; and so, also, has inflammation. And our argument is, that protraction or chronicity in either of them introduces the liability to absorption of spoiled material, and that thus therapeutical reactions may operate retroversely and pathologically upon both parts of the blood; the fluid first, and then the corpuscles.

But, that we may give an outline of the argument as it relates to hectic fever, we take as examples necrosis of bone, gout, and scurvy; and, in contrast with these, scarlet fever.

Necrosis of bone produces inflammation. There are hindrances to the removal of the dead bone; therefore inflammation passes into protracted suppuration and ulceration. These gradually weaken the patient; they disable him from taking exercise; digestion is impaired; and the functions of the depurating organs are disturbed.

This is one source of distemperature of the plasma. Distemperature of the plasma aggravates the existing inflammation; but the antecedent—the dead bone—cannot, in the case we are contemplating, be removed. Therefore disorder must proceed, until at length, from the places of suppuration, morbid matter ebbs back into the circulation; and the plasma, thereby thoroughly disordered, reacts upon and disorders the corpuscles, and hectic fever, more or less, appears. Upon this interpretation of the sequence of events between dead bone and fever, to cure the fever the blood-corpuscles must be relieved from their disorder; to relieve them, the qualities of the plasma must be improved; to amend the qualities of the plasma, the chronic suppuration must cease; and that chronic suppuration may cease, the dead bone must be taken away. We all know that the effectual removal of the dead bone will cure the fever.

Errors in diet by excess produce distemperature of the plasma. And if the depurating organs, or some of them, fail in removing the distemperature, inflammation arises. In gout, the patient is surrounded with every comfort. The error in diet is most probably one of excess; it can, therefore, be easily interdicted; the antecedent can be readily removed; and, by medicine, the depurating organs can be stimulated to a more active working. For these reasons, distemperature of the plasma is concluded to be simple; its qualities are disordered from manageable sources, which may be

attacked and abolished before disorder is communicated to the corpuscles. Inflammation in gout is, therefore, acute, and without fever.

On the other hand, in scurvy, the errors in diet are those of deficiency or unwholesomeness, and are much more difficult to deal with, especially where persons are crowded together in unhealthy localities, or limited to camps or ships. The individuals are poor, or, from other circumstances, cannot command the necessaries of life. Therefore, forms of inflammation, which in the rich are simple and acute, are here (or in the poor) chronic, and pass on to suppuration and ulceration, as in the sailors before mentioned, whose bare legs and feet were bitten by mosquitos; upon which example we observed, that, because the unwholesome diet and confinement could not be changed, therefore the bitten parts passed into chronic ulcers. And if, in persons thus situated, with forms of chronic ulceration from continued unwholesomeness of diet, or other privations, morbid matter should be continually ebbing back into the circulation from places of chronic ulceration, the elements of fever, from a double debasement of the plasma, would exist; and fever thus arising would obviously be different from fever arising through miasms in the air.

In scarlet fever, it is concluded, from premises which have been argued, that disorder of the blood begins, not with the plasma, but in the corpuscles. The illness commences, not with forms of inflammation, but with symptoms of fever. There has been no error in diet; a miasmatous air has acted on the blood; a specific poison is generated; and the plasma is distempered posteriorly to disorder of the corpuscles. But (here as in smallpox) no natural depurating organ seems adapted for the removal of the poison of scarlet fever from the plasma; therefore, inflammation arises —that is to say, reactions between the plasma and the common tissue. The forms, amount, and duration of inflammation in scarlet fever, indicate the amount and severity of the disorder of the blood. Without these reactions, the patient would die from a poison shut up in the blood; with them, in their severest forms, there is a battling for life. When a joint has been crushed, death would take place from mortification, where there no reaction; but, this established, the patient is saved from the first and most pressing danger, though afterwards he has to pass the ordeal of inflammation, abscess, suppuration, ulceration, and very probably hectic fever too, as best he can, or suffer amputation for a chance of life. In scarlet fever, to cure the inflammation, the plasma must be freed from poisonous matter; and no more must enter it. That no more may enter it, the corpuscles must cease to generate and excrete a poison. Now, from the course observed in normal cases of an exanthematous fever, we may probably conclude that the corpuscles pass through their disorder in from four to six or eight days. When their disorder has passed, no more poisonous matter is discharged from them into the plasma; and, no more poisonous matter mingling with the plasma, the inflammatory reactions and the natural depurating organs together succeed in restoring the plasma to its natural state; whereupon, the blood regaining its normal constitution, inflammation comes to an end, and the patient is cured. The pathological and therapeutical sequences are the same as in smallpox.

In the midst of these therapeutical actions and reactions for the depuration of the blood in fever, it would seem that a depurating organ is sometimes coerced, as it were, to an increased and incongruous working; matter not naturally found in the secretion of the organ appearing in it at the crisis of the fever. In the performance of this enforced duty—the elimination of poisonous matter from the plasma—the parenchymatous elements of the organ may be overtasked and injured. Thus, in scarlet fever, the poison in the blood sometimes occasions parenchymatous disease of the kidneys; and, in such cases, there is evidence also of inflammatory reactions in the common tissue of the organ. This complication may have the same reflex effect upon the blood as chronic ulcerations. Spoiled material from the overburthened kidneys may ebb back into the circulation; and a new blood-distemper may be inaugurated from elements of urine retained in the plasma. Such being the case, there would be present the antecedent of a second or reactionary fever; namely, deuteropathy of the plasma —that is to say, distemperature—from disease of the kidneys, superposed upon the remnant of the poison of scarlet fever. And it is in perfect accordance with the argument

that a secondary fever from disease of the kidneys should be more apt to appear as a consequent of the primary fever, where the inflammatory reactions in the skin are too slight or insufficient for the full and effectual discharge of the poison. But it is to be observed, that the second fever is not a relapse or reappearance of the first; it is another fever of different origin. The first fever was occasioned by an aerial miasm; the second is occasioned by a debasement of the plasma acting injuriously on the corpuscles of the blood.

Let us, in concluding this lecture, give a brief summary of the facts and of the arguments.

In necrosis of bone, the pathological series begins with dead bone. If this cannot be taken away, it ends with fever, from deuteropathy of the plasma disordering the corpuscles of the blood.

In pulmonary consumption, the pathological series begins with tubercles in the lung. There are hindrances and difficulties in their discharge; suppuration is made chronic; and the phenomena end with fever from deuteropathy of the plasma.

In scurvy, the series begins with unwholesomeness or deficiency in diet, or other privations which cannot be changed. Ulcerations arise; and the series may end with fever, from deuteropathy of the plasma.

In these examples—namely, hectic fevers—disorder of the blood-corpuscles is posterior to a debasement of the fluid in which they swim; and forms of inflammation, protracted for longer or shorter periods, precede the fever.

On the other hand, in the contagious primary fevers, the pathological series begins with disorder of the corpuscles. It ends with forms of inflammation; because distemperature of the fluid of the blood is, in these fevers, posterior to disorder of the corpuscles. Thus we interpret the relations of fever to inflammation, and of inflammation to fever, by the difference between the two parts of the blood. The facts are, that sometimes fever precedes inflammation, sometimes forms of inflammation precede fever; because sometimes (from aërial poisons) the corpuscles are disordered before the plasma; and sometimes (from unwholesome diet, privations, and chronic ulcerations) the plasma is disordered before the corpuscles. If you accept these interpretations, the whole subject of repair, inflammation, and fever, presents a coherency which is worthy of your attention. Thus:—

Mechanical objects injure the common tissue; and the process of repair arises.

Errors in diet disorder the plasma; and inflammation appears.

Miasms in the air affect the corpuscles of blood; and primary fever is the result.

Both the process of repair and inflammation, from hindrances and difficulties, may pass into chronic or protracted forms of suppuration, ulceration, and discharges; whereupon, if spoiled material should enter the circulation, and, by reiteration or quantity, thoroughly debase the plasma, the corpuscles suffer, and fever appears; namely, reactionary, hectic, or a plasma fever.—*British Medical Journal*, May 14, 21, 28, 1859.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Cases of Addison's Disease.—Two typical examples of Addison's disease have, within a few days, terminated at Guy's Hospital, and have verified the correctness of the views of the able physician whose name is now associated with this malady. Their history is brief, but clear:—

Martha M'C——, aged twenty-six years, was admitted, under Dr. Pavy's care, on the 27th of July, with well-marked melasma, extreme prostration, and weakness, which were diagnosed as resulting from supra-renal disease, as described by Dr. Addison. She had been ill only eight months, and the principal symptom complained of was general and slowly increasing weakness. She died four days after admission (31st), vomiting having commenced forty-eight hours before death. Every organ in the body was found to be sound, excepting the supra-renal capsules, which were affected with the deposit of lardaceous matter now known as characteristic of the disease. There were a few slight but old pleuritic adhesions, but not the slightest trace of lung mischief.

The second instance was in a patient about sixteen years of age, who was in the hospital three or four days under Dr. Addison's care, having been previously a patient at the Surrey Dispensary. There was universal melasma, which was, equally with the first case, diagnosed to proceed from

supra-renal disease. The symptoms of weakness and debility were so great on admission that she could not stand. Death ensued on the 21st, and at the autopsy, the only organs found affected were the supra-renal capsules, their pathological condition proving to be the same as that of those in the first patient.

Here, then, we have two well-marked and clear illustrations of a malady which, clinically, promises to be one of the most interesting in the history of medicine to the scientific physician. In the diagnosis of Addison's disease, those who look solely to finding the melasma, or bronzing of the skin, are sometimes doomed to disappointment; for increased experience proves, as stated by Dr. Wilks in his "Pathological Anatomy," that only in chronic cases is the skin discoloured—that is, in those in whom the supra renal capsules are alone affected.

Two equally undoubted instances of the same disease have very recently been placed upon record by Mr. Mackenzie Bacon, of Norwich (lately a pupil at Guy's Hospital), and Dr. Glover; the latter in the *Edinburgh Monthly Journal of Medicine.—Lancet*, Sept 3, 1859.

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Two Cases Illustrating the benefit of Antiphlogistic Treatment after Severe Injuries to the Lungs.—In the present period of prevailing scepticism as to the influence of many modes of treatment which held undisputed sway among the older surgeons, it is well every now and then to draw attention to unequivocal instances of prompt benefit obtained by decided measures. More especially is it so when these measures, instead of being novel, are of old established, but now somewhat waning, character.

Many of our readers may probably have noticed in the newspapers the account of a little boy who had been knocked down by one omnibus, and run over by another, and had received most severe injuries. The accident occurred in Shoreditch, and the poor little fellow was taken to Guy's Hospital, where his state appeared so hopeless, that what was believed to be his dying deposition was taken, to be produced in evidence against the drivers of the vehicles. When admitted his ribs were found to be fractured in the most frightful manner. His chest had been, as it were, pounded, and it was difficult to say which of the ribs had not been broken. He was in collapse, and there was much emphysema of the subcutaneous cellular tissue. Of course no stethoscopic examination could be thought of. He remained very low indeed for some time, in spite of the cautious use of stimulants, and it was at the end of twenty-four hours that his evidence was taken under the circumstances above mentioned. He had expectorated a good deal of blood, but his respiration remained throughout much embarrassed. As this embarrassment of breathing was, however, accompanied by a cold skin and failing pulse, it was not thought justifiable to abstract blood. As soon, however, as there were signs of rallying, tartarized antimony in full doses was ordered. The effect of this remedy in quieting the breathing was most marked, and the boy's progress has been from that time steady and good. He is now considered out of danger.

The above case impressed all who saw it with a strong conviction that great benefit had resulted from the free use of the antimonial remedy, but the following offers evidence which will be still more convincing to the reader. It also illustrates a yet more decided adoption of antiphlogistic measures:—

A young man, aged 19, was brought into the hospital, having been run over by a cart, and having suffered an extensive fracture of the ribs on the left side. The five upper ribs were believed to be broken, and the lung was evidently wounded. There had been rather profuse hæmoptysis. The chest was ascertained to be resonant in all parts, but his state was such as altogether to preclude any detailed examination. The lungs appeared to be loaded with fluid, but the pleura did not, as far as could be made out, contain either air or blood. The chest was put up with strapping, as is usual at this hospital. Within the twelve hours following the accident the man's difficulty of breathing greatly increased, and he seemed indeed to be rapidly sinking. Still, however, the pulse had rallied, and he was not in collapse, but dying rather from pulmonic embarrassment. Under these circumstances Mr. Bryant determined to bleed him. Antimony in large doses had already been commenced. The first bleeding was at one o'clock at midnight, and was to the extent of ten ounces. It was followed by much relief, but by degrees subsequently the difficulty in breathing returned. About

noon the same day a second bleeding to the extent of fourteen ounces was practised, and with, again, the most marked benefit. Within twenty-four hours of this second bleeding the man might indeed be considered well. He could sit up in bed and talked cheerfully. The antimony had, of course, been kept up. At present the man is fast becoming convalescent, having experienced no drawback whatever.—*Ibid.*

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Disease of the Shoulder Joint; Resection of the Head of the Humerus; Recovery.—The shoulder-joint, as is well known, is one of those least frequently affected by inflammatory diseases. The instances consequently in which resection of the head of the humerus is required are very rarely met with. That operation, when required, has we believe, as a rule, been very successful. Whether it be that the same vital endowments which protect it from the invasions of disease also enable it rapidly to originate healing processes after injury, it is difficult to say; but the fact is, we believe, beyond doubt that this joint is found from experience to be one of the best adapted for the practice of resections. A case in which Mr. Birkett operated in Guy's Hospital four or five years ago, did very well, as also a second of Mr. Erichsen's in University College about the same time, also one of Mr. Bickersteth's in the Liverpool Infirmary. In an interesting case in which Mr. Hutchinson about three years ago excised the head and upper fifth of the shaft of the humerus on account of a large myeloid tumour developed within the bone, notwithstanding the length of the shaft removed, a good recovery, with firm ligamentous union, followed. In this instance, however, death from recurrence of cancer in the lungs, bone, etc., occurred before the usefulness of the arm had been put to much trial. The following case has just come under our notice in Guy's Hospital:—

A healthy man, aged 24, was admitted about six weeks ago on account of disorganizing disease of the shoulder-joint. He stated that the affection had commenced as an aching in the part about twelve months previously. For this he was for some time under treatment in St. George's Hospital. After leaving that hospital an abscess formed and opened externally, and from this a sinus still remained, which opened in front just anterior to the inner edge of the deltoid. There was great thickening of the parts about the joint, and movement was very limited. No grating could be produced by any degree of motion which the man could bear. Excision having been determined upon in consultation, Mr. Bryant performed that operation about a fortnight subsequent to the man's admission.

When, under the influence of chloroform, the arm could be freely moved, grating was easily produced, and the last shade of doubt as to the entire disorganization of the joint was thus removed. Mr. Bryant made only a single long incision down the upper aspect of the joint, and through the belly of the deltoid in a direction parallel with its fibres. This was found sufficient to allow of the exarticulation of the extremity of the bone, although the thickening of the adjacent parts rendered this manœuvre much more difficult than it is in the dead subject. The articular head having been fairly thrown out into the wound, it was sawn off from behind forwards with a Butcher's saw. Excepting a few loose shreds and some small patches still adherent, the cartilage had been wholly removed. The head of the humerus, on section, was seen to be in a state of acute inflammation. Much new bone had been found in the periosteum of the upper part of the shaft. No vessel required ligature after the completion of the operation—a somewhat remarkable circumstance, if we remember the size of the posterior circumflex. On the parts being adjusted after the operation the advantage of the single straight incision was very apparent, since the edges of the wound now came into close apposition spontaneously, and the parts involved were deeply buried. No bad symptoms followed: indeed the external wound healed almost too soon, and on the third day Mr. Bryant opened its edges a little, in order to prevent the risk of any accumulation of matter. On the eighth day the man was up, and about in the ward; on the fourteenth he was allowed to go out in the open air.—*Med. Times and Gaz*, Aug. 20, 1859.

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Different modes of performing Lithotrity in the English Hospitals.—A large majority of English surgeons employ the ordinary lateral method of lithotomy on a curved staff. There has been, however, a considerable disposition to endeavour to improve on it of late years. The median plan, so strongly recommended by Mr. Allarton,

has been tried by not a few London Surgeons, and amongst provincial ones has found a warm advocate in Mr. Teale, of Leeds. At the London Hospital it was first adopted by Mr. Ward about two years ago, and since then has been employed by his colleagues, Mr. Critchett and Mr. Gowlland, each in a single instance. All the three patients were children, all recovered well, and in all it was considered that much less than the usual amount of bleeding took place. At Guy's Hospital, Mr. Cock has performed median lithotomy several times, and Mr. Erichsen has done the same at University College Hospital, both surgeons being, we believe, well satisfied with its results. On all hands it is considered to be best adapted for children and for small stones. At St. Bartholomew's Mr. Lloyd still continues to operate in all cases by his recto-urethral (median) method, which we described in detail when he first adopted it in 1853. He informs us that he has not yet lost a case after it, and considers it decidedly preferable to the lateral operation. His colleagues, however, without exception, we believe, always employ the latter. At the Metropolitan Free, Mr. Hutchinson always employs his rectangular catheter-staff, and considers that he obtains great advantage from it. The same instrument has been employed at King's College by Mr. Lee, but it is not, as far as we observe, in use at any other hospitals. In a recent instance in which the calculus was of large size, Mr. Hutchinson injected the bladder with oil instead of water, in the hope of facilitating the dilatation of the parts.

With regard to the median operation as advised by Mr. Allarton, it is universally admitted to be adapted only for small calculi. Now Mr. Lloyd's experience during the last few years has quite proved, that when the anterior commission of the sphincter ani is cut clean through from the perineal wound, there is no danger of the parts not healing. Might it not be well, therefore, to adopt this measure whenever, after the usual median incisions, the stone has been reached and is found too large for removal? Mr. Lloyd's operation gives abundance of room.—*Med. Times and Gaz.*, July 9, 1859.

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Enormous Ranula.—At the Cancer Hospital lately, under Mr. Weeden Cooke's care, was an eccentric old woman, who has had a ranula for some years, which had grown to the size of a large orange. When in the mouth it protruded one cheek in the most unsightly manner, and when allowed to hang out of the mouth it was like a transparent jelley-bag. She was in good health, and able to eat and talk with but slight inconvenience. Many surgeons have seen it, and wished to operate; but she steadily resisted all such interference. Not being allowed to snip out a portion of the membrane, Mr. Cooke proposed the application of potassa fusa, to make an aperture which would not close up readily; but this also she decidedly objected to.

It is very seldom that a ranula is seen larger than a walnut or pigeon's egg, because when it attains that size under the tongue it pushes this organ upwards and backwards, and sometimes most seriously interferes with both speech and deglutition. If the cyst continues to increase in Mr. Cooke's patient, it may spontaneously rupture, and partial relief be thus brought about. Such a ranula as this cannot be said to be a dilatation of Wharton's duct.—*Lancet*, Aug. 20.

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Copious Secretion of Milk in the Breasts of an Infant.—The breasts of new-born infants are known to contain a small quantity of milk, which does not occasion the slightest inconvenience. Sometimes this fluid accumulates, the gland becomes swollen, and if not attended to it will give rise to inflammation and abscess. Fortunately, this is of rare occurrence, and very little danger is to be apprehended from this temporary turgescence. A few weeks back, a male infant, four weeks old, was brought to the St. Pancras Royal Dispensary, with the presence of milk in both breasts, in such quantity as to require to be got rid of daily by gently pressing the glands towards the nipple. The mother seemed to think it was increasing instead of diminishing. A small quantity of it was examined by Dr. Gibb, who found it to possess all the characters of ordinary milk, the fat globules being plentiful, and the sugar abundant. It was even less watery than other specimens of infants' milk which he had examined. In other respects, the child's health was perfect. Brandy and lard had been locally applied to arrest the secretion. This was the mother's seventh child, and in none of the others was there any excess of lacteal secretion.

The milk was got rid of by giving mild aperients, and by removing what there was in the breasts, as that process had been commenced. It now became less and less, and no inconvenience was experienced.

An abscess in the breast of an infant is occasionally observed, as the result of over-officiousness on the part of some nurses, who make a practice of squeezing out the milk from the breasts of every child they attend, a proceeding which cannot be too strongly condemned.—*Lancet*, Aug. 20.

CLINICAL LECTURE.

Practical Clinical Remarks on Lithotrity, delivered at St. Bartholomew's Hospital. By FREDERIC C. SKEY, Esq.—Gentlemen: The larger my experience of calculous affections of the bladder, the stronger is my conviction of the well-marked superiority of the operation of crushing over that of lithotomy. This superiority is chiefly manifested in the limit it places to the greatest of all evils attendant on operative surgery—viz., danger to life. While undoubted success has attended the practice of a few eminent surgeons, so far as to influence very prominently the statistics of the operation, it cannot be denied that the element of danger yet triumphs largely in the practice of the many, to the great discredit of the operation of lithotomy. I have elsewhere expressed my belief that the operation of lithotomy had reached its highest point of excellence. I allude to the facility with which the stone is extracted from the bladder by the surgeon. But we are not to guage the merit of an operation by the facility of its performance, or by the skill and dexterity which it may exhibit in the operator. The merit of an operation can only be estimated by the success which follows it. That operation is essentially the best which insures the more complete restoration to health of the subject of it. And here let me do justice to a recent modification of the operation of lithotomy, which I have seen performed on more than one subject by my colleague, Mr. Lloyd. It consists, as many of you are probably, aware, of a division of structures in the mesial line only. The staff being introduced into the bladder, the sphincter ani muscle is divided in front, a kind of speculum being passed into the rectum, for the purpose of rendering it tense. The urethra is then opened through the upper wall of the rectum, the remaining part of the canal is dilated up to the bladder by the forceps, and the stone extracted. I employed the term *dilated* because it is the term in common use, but I do not believe the urethra, especially of a child, is susceptible of such rapid, or rather sudden, dilatation, without some rupture or laceration of structure. It cannot be effected by mere stretching, by which the walls of the canal are enlarged to a circumference at least three or four times their natural magnitude. I do not mention this feature in the operation as detracting in any great degree from its merit. Dilatation of the prostatic portion of the canal has always been deemed a commendable feature in the operation, and if it be coupled with laceration, it is laceration in detail, the parts so lacerated being restored to their natural contact on the removal of the cause. I am informed by Mr. Lloyd that he has hitherto experienced no difficulty in the restoration of the functions of the sphincter muscle. The operation, to all appearance, is performed without difficulty, and the loss of blood is remarkably small.

No amount of excellence to which the operation by means of the lithotrite can be carried will ever supersede that of lithotomy—most especially, and for obvious reasons, in the case of children, in whom, fortunately, the mortality is far less than when the operation is undertaken at a more advanced period of life; also in some examples of disease in the adult. But I believe such selections should be comparatively few, and should obtain only as exceptions to a prevailing rule.

I propose now to call your attention to two cases on which I have recently operated in private. In the first of these the operation was successful, and although its progress was marked by symptoms of an untoward kind, the stone was entirely removed within twenty-seven days from the date of the first operation. The second case was unsuccessful, and on that account I give the particulars.

CASE 1.—A gentleman of forty-one years of age, stout in build, but healthy, became the subject of stone in the bladder, the signs of which might be traced back to a term of eight months. Having ascertained that he had a healthy urethra, admitting a No. 10 catheter without difficulty—that his bladder

was so far tolerant of urine as to permit its retention for three or four hours, and that the urine itself was free from morbid deposit, I broke the stone across, and withdrew the instrument. The operation occasioned so little pain that the gentleman dressed himself, and subsequently took his chair at the dinner table, at which he ate moderately, but with fair appetite. Within twenty-four hours he had passed some small fragments of lithic acid calculus, but without pain or inconvenience. On the fifth day I repeated the operation; but on this occasion, having now acquired some experience of the liabilities of the bladder, I broke the fragments by eight successive applications of the lithotrite. The pain of this second operation, although it somewhat exceeded that of the first, was by no means severe; but I directed my patient to lie in bed, and to drink largely of barley water and other diluents. On the following day he had passed a considerable quantity of detritus, the aggregate of which would have filled a large thimble. A less quantity passed on the second day, when he began to complain of pain in the bladder, and his urine deposited adhesive mucus. The pain became considerable. The adhesive mucus increased. He took mercury and chalk, with full doses of Dover's powder, night and morning, with infusion of diosma two or three times during the day. The pain subsided, and the mucus diminished in quantity; and on the eighth day, I repeated the operation, and crushed the stone nine consecutive times. Catarrh of the bladder followed as before, but he passed in the course of thirty-six hours a yet larger quantity of fragments than on the former occasion. The symptoms of what is termed chronic inflammation ran high, the mucus appeared in large quantity and was tinged with blood, appetite and sleep failed, his pulse rose to 100, and he was decidedly ill. The former treatment failed to control the symptoms, and I operated again on the sixth day. Immediately all the symptoms of internal mischief vanished; the pain subsided, the mucus diminished, his bladder became more tolerant of its contents, and he again passed detritus in a large quantity. It was now quite obvious that we had passed the ordeal of difficulty, and that the fragments of stone remaining in his bladder were very inconsiderable in quantity.

I operated again on the fourth day, and completed the crushing, reducing every remaining fragment to a size capable of transmission along the canal of the urethra. Within forty-eight hours the bladder had entirely evacuated the whole of the calculous matter, and on carefully sounding with a variety of instruments, I was unable to detect the presence of the smallest fragment. Some months have now elapsed, and the vigilant observation of my patient fails to detect one symptom of his former disease. The stone, judging from the quantity of detritus obtained, was of moderate, not of small size. Had it been removed by means of the knife, it is highly probable that the time required for the patient's recovery would have exceeded that occupied by many days. During the progress of the treatment he cannot be said to have suffered severe pain; he was never brought within the circle of danger, and he left London with health unimpaired by surgical discipline or deprivation.

Case 2 was that of a gentleman, sixty-two years of age; of a less healthy aspect than the subject of the last case. He had had symptoms of stone about nine months, and his health had suffered in consequence. His expression was that of a man worn by internal irritation. I ascertained the stone to be of moderate size, and its contact with the metal caused a ringing sound which was audible at a distance. On testing his urine, I found it albuminous, and postponed the operation. He was ordered diluted nitric acid in infusion of diosma, and his urine improved. In a week I introduced the lithotrite, and simply broke the stone once across. On withdrawing the instrument, and having completed the operation, Mr. —— exclaimed, "What! is that all? I have had no pain whatever." He dressed himself, and returned to the society of his family. On the following day he passed one or two small fragments of stone, composed of phosphate of lime; but he continued to sustain no inconvenience from the operation.

On the fourth day I performed the second operation. On introducing the lithotrite, the bladder appeared contracted. At all events I had some difficulty in expanding the blades of the instrument, although I had thrown into the organ the quantity of water I usually inject—viz., about four ounces. However, I caught the stone, and while screwing home the blades, I per-

ceived blood flowing somewhat freely from the orifice of the urethra. This determined me to desist, and I withdrew the instrument. For some time bloody urine continued to flow from the canal; but on the second day I was summoned by his medical attendant, in consequence of an attack of retention of urine, and I drew off about a pint and a half of urine, deeply coloured with blood. Retention again followed, and I removed nearly the same quantity, and of the same character of urine, on the fourth day. The presence of the distended bladder did not appear to cause him much inconvenience, nor its evacuation much relief. Urine, more or less bloody, continued to escape from the urethra without the effort of micturition. He had no local pain, and bore pressure, both over the bladder and on the perineum, without complaint. He was ordered gallic acid in full doses. Sir Benjamin Brodie saw him at this stage, and did not augur unfavourably of my patient's case. He recommended the employment of Ruspini's styptic, and suggested the repetition of the operation as early as permissible. His increasing weakness was aggravated by the excessive action of a moderate dose of castor oil, and although the hemorrhage was reduced in quantity, his vital powers were now only sustained by the frequent employment of stimulants. Bladders of ice were applied to the epigastrium and to the perineum without effect. He became comatoae, and died on the fifteenth day from the second operation.

The post-mortem examination exhibited a contracted bladder, thickened, with its inner surface coated with coagulum; a calculus of about the size and form of a moderate sized walnut, broken into three parts—its composition, oxalate of lime coated with phosphatic salts, and two lesser calculi entire; ureters dilated; kidneys diseased.

In my work on "Operative Surgery," I have referred to two or three similar cases to that of Mr. ——, but they are rare. The fatal issue in this instance is not to be cited as injurious to the good name of lithotrity. Had the old operation by the knife been substituted, the issue had, in all probability, been the same. The presence of albumen in the urine, when coupled with stone in the bladder, is not conclusive evidence of diseased kidney, and with symptoms of an urgent character we are compelled to make the effort to obtain relief. The operation of lithotrity, when carefully performed, creates little more pain than that of sounding for stone, and generally, in a healthy bladder, leaves as little irritation behind. The proportion of persons who suffer from complications of renal disease, coupled with calculi, is small. I do not think such cases can be safely treated by the lithotrite. Neither is the cutting operation a security against a fatal termination.

Believing as I do that the operation by means of the lithotrite is applicable to the large majority of calculous affections of the bladder—that, if well executed, it is safer as regards the life of the patient, quite as certain as regards entire recovery, and less exhausting to the system, I recommend its practice for your consideration. And as I may not have the opportunity of addressing you again for some time, I purpose concluding these remarks with some general rules which may prove useful in your future career.

I advise your rejection of cases for lithotrity presenting the following characters:—

1. Manifest disease of the kidney.

2. The urethra so contracted as not to admit with facility a lithotrite of ample size.

3. The bladder so intolerant as to be incapable of retaining its urinous contents for three or four hours; and, on the other hand, a bladder of low nervous susceptibility.

4. Much enlargement of the prostate gland.

The quantity of water injected should not exceed four or five ounces. In many subjects, the employment of chloroform excites the bladder to contract, and the injection has to be repeated. The lithotrite, from its full size and angular form, should be introduced with more caution than is usually required on the introduction of a catheter. No attempt should be made to open the instrument in the bladder until it has been pushed thoroughly home into the organ. In the act of separating the blades, do not withdraw the upper, without at the same moment pressing the lower blade downwards towards the bottom of the bladder. If this rule be not strictly observed, the upper blade will be painfully pressed against the neck of the bladder, from which hemorrhage may follow. The stone is to be brought into the lithotrite by pressing the lower blade suddenly, and by a slight jerk or twist of the hand, against the base or bottom of the bladder. There is neither

necessity nor advantage in directing the instrument to the right or to the left. It should retain the mesial line throughout the entire operation. When the stone is caught, the blades should be screwed "home," lest small accumulations become large, and render the withdrawal of the instrument through the urethra difficult. At the first operation, do as little as possible. It may be deemed an experimental occasion, and it will be sufficient to break the stone once across. On all future occasions, the number of applications of the screw may be determined by the tolerance of the patient. The stone may be broken six, eight, or more times. The intervals between each operation will vary according to the condition of the bladder, and the quantity of detritus expelled. If the quantity be considerable, and the bladder quiet, the operation may be repeated in four or five days. The average interval is longer than this. Few cases pass through their course of treatment without giving evidence of irritability of the mucous membrane of the bladder, manifested by a discharge of tenacious mucus adhering to the bottom of the vessel. Unless in its aggravated form, it is not a serious symptom. It may be treated with diosma, or uva ursi, nitric acid, Dover's powder, &c.; but the best remedy is the lithotrite. I have repeatedly seen this symptom subside on the repetition of the operation. The constitutional treatment is chiefly dietetic. Diluents should be ordered largely; and the moderate use of wine is unobjectionable. I have never seen any advantage obtained by an abstinent diet, nor any evil arise from an ordinary and habitual one. It is surprising how large a fragment may travel along a healthy urethra. They are arrested, however, most frequently at the glans, and if a fragment cannot be extracted by a pair of fine forceps in this situation, the urethra should be divided. When fixed low down in the urethra, they should be pushed back into the bladder. This may be effected by a large catheter (No. 12), cut off straight at the point, the extremity of the instrument being supplied by a movable knob, which is withdrawn when the catheter touches the stone. The open extremity of the instrument encircles the stone, which is forced backwards without injury to the mucous membrane. A small abscess in the perineum may occasionally follow the violent employment of the lithotrite, or forceps, &c. It presents itself under the form of a small rounded tumour. It seldom requires active treatment, and, as a general rule, may be "let alone."—*Lancet*, July 30th, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform.—Dr. La Fayette Avery, of South Otselic, relates (*Buffalo Med. Journ.*, March, 1859) the following case:—

In the fall of 1850 I was requested to remove the leg of Waldo Ferris, who had been under the treatment of a quack, for an injury of the knee, which had resulted badly, rendering an amputation at the thigh indispensable. Ferris had been a strong man, and had indulged in intemperate habits, but now, at the age of forty years, was free from disease, except the injured limb. He was considerably emaciated, being much worn down by his disease, yet his appetite was good, and he smoked his pipe, and conversed freely. He was prepared for the operation when I arrived, and had an experienced dentist on hand, to administer him chloroform. I advised against its use on account of his debility, but finally yielded to the solicitations of the patient, and allowed it to be given.

He was placed upon the table, and assisted by Drs. Jaimeson and Ford, I proceeded to the business before us. Some chloroform was poured upon a silk handkerchief and applied to the patient's mouth and nose without intermission, for, as near as I could judge, a minute, when I noticed a laboured breathing on the part of the patient, and at the same time Dr. Jaimeson mentioned a partial failure of the pulse. I immediately ordered the dentist to desist with the chloroform, and gave a swallow of brandy, which improved the pulse, but still the patient breathed in a stertorous manner, and his face was congested and purple. No more chloroform was given. I hesitated a moment, and then proceeded to remove the leg and dress the stump, the patient continuing insensible, and snoring; face still of a purplish hue, and pulse feeble and frequent. We then put him in bed, and used all the means we were master of to rally him, but without avail. He died in about twenty-five

minutes from the time he first inhaled the chloroform, his face purple to the last.

The dentist was a reliable man, and he assured me that he had previously used of the same chloroform, and had found it to be good. On examining the vial containing the article, not more than two drachms were wanting, and the dentist said the vial was not full when first uncorked.

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Medical Lectures in Philadelphia.—The lecture session in the medical schools of Philadelphia will commence early in the present month. The faculties in the several schools are composed of men of acknowledged abilities, and who are well able to maintain the pre-eminence which Philadelphia has so long enjoyed as a seat of medical education. Never were the opportunities for clinical instruction greater than at present, and the student who desires a thorough and complete medical education, will find all the facilities he can desire here placed within his reach.

We subjoin the list of the faculties of the three prominent schools with their terms, &c.:—

University of Pennsylvania—Medical Department. Ninety-fourth session (1859–60).

William Gibson, M. D., Emeritus Professor of Surgery.

Samuel Jackson, M. D., Professor of Institutes of Medicine.

George B. Wood, M. D., Professor of Theory and Practice of Medicine.

Hugh L. Hodge, M. D., Professor of Obstetrics and the Diseases of Women and Children.

Joseph Carson, M. D., Professor of Materia Medica and Pharmacy.

Robert E. Rogers, M. D., Professor of Chemistry.

Joseph Leidy, M. D., Professor of Anatomy.

Henry H. Smith, M. D., Professor of Surgery.

William Hunt, M. D., Demonstrator of Anatomy.

The lectures of the session will begin on the second Monday of October, and close on the first of March.

Clinical instruction is given throughout the session, in the Medical Hall, by the Professors, and at the Pennsylvania and other hospitals.

The Dissecting Rooms, under the superintendence of the Professor of Anatomy and the Demonstrator, are open from the middle of September.

The room for Operative Surgery and the Application of Bandages, &c., is open early in September and throughout the Session, under the supervision of the Professor of Surgery.

Surgical Demonstrator, C. S. Bishop, M. D.

Fees.—For the Lectures (each Professor $15) . . . $105
Matriculation (paid once only) . 5
Graduation 30

R. E. Rogers, M. D.,
Dean of the Medical Faculty, University Building.
F. B. Dick, *Janitor, University Building.*

Jefferson Medical College.—The course of Lectures will commence on Monday, the 10th of October, and continue until the 1st of March.

Robert M. Huston, M. D., Emeritus Professor of Materia Medica and General Therapeutics.

Institutes of Medicine, etc., by Professor Robley Dunglison, M. D.

General, Descriptive and Surgical Anatomy, by Professor Joseph Pancoast, M. D.

Obstetrics and Diseases of Women and Children, by Professor Charles D. Meigs, M. D.

Chemistry, by Professor Franklin Bache, M. D.

Institutes and Practice of Surgery, by Professor Samuel D. Gross, M. D.

Materia Medica and General Therapeutics, by Professor Thomas D. Mitchell, M. D.

Practice of Medicine, by Professor Samuel H. Dickson, M. D.

Demonstrator of Anatomy, Ellerslie Wallace, M. D.

Clinics will be held regularly during September; and every Wednesday and Saturday in October, and during the course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the year ending March the first, 1859, a vast number of medical and surgical cases were treated, and about *two hundred and fifty* operations were performed; amongst them many major operations—as amputation of the leg, extirpation of the upper and of the lower jaw, mamma, and eye, and six cases of lithotomy.

The lectures are so arranged as to permit

the student to attend the clinics of the Pennsylvania Hospital, and of the Philadelphia Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

Fees.—Matriculation, which is paid only once . . . $ 5
To each Member of the Faculty $15, ... 105
Graduation 30

ROBLEY DUNGLISON, M. D.,
Dean of the Faculty.

Pennsylvania College—Medical Department. Ninth Street, below Locust, Philadelphia. Session of 1859-60.

B. Howard Rand, M. D., Professor of Chemistry.
Henry Hartshorne, M. D., Professor of Practice of Medicine.
Lewis D. Harlow, M. D., Professor of Obstetrics, &c.
William S. Halsey, M. D., Professor of Surgery.
Wm. Hembel Taggart, M. D., Professor of Materia Medica.
James Aitken Meigs, M. D., Professor of Institutes of Medicine.
Wm. H. Gobrecht, M. D., Professor of Anatomy.
Theodore A. Demmé, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

Fees.—Matriculation (paid once only) . . . . $ 5 00
For each Professor's ticket . 15 00
Graduation 30 00

LEWIS HARLOW, M. D., *Dean,*
No. 1023 *Vine below* 11*th Street.*

—

Rush Medical College.—This school has been reorganized, and the following constitute the present faculty: Daniel Brainard, M. D., Professor of Surgery and Clinical Surgery; James V. Z. Blaney, M. D., Professor of Chemistry and Pharmacy; J. Adams Allen, M. D., Professor of Principles and Practice of Medicine; J. W. Freer, M. D., Professor of Surgical and Microscopical Anatomy; De Laskie Miller, M. D., Professor of Obstetrics and Diseases of Women and Children; A. S. Hudson, M. D., Professor of Physiology, Pathology and Clinical Medicine; W. B. Herrick, M. D., Emeritus Professor of Physiology and Pathology; Ephraim Ingals, M. D., Professor of Materia Medica and Medical Jurisprudence; R. L. Rea, M. D., Professor of Anatomy; Edwin Powell, M. D., Demonstrator of Anatomy.—*Annual Catalogue.*

—

Medical College of Alabama.—A new school, regularly chartered, has been organized in Mobile, Ala., under this title. The first course of lectures in which, will commence on the 14th of November next, and continue for four months.

The faculty is constituted as follows:—

J. C. Nott, M. D., Prof. of Surgery; J. F. Heustis, M. D., Prof. of Anatomy; Wm. H. Anderson, M. D., Prof. of Physiology and Pathology; Geo. A. Ketchum, M. D., Prof. of Principles and Practice of Medicine; F. H. Ross, M. D., Prof. of Materia Medica and Therapeutics; F. E. Gordon, M. D., Prof. of Obstetrics and Diseases of Women and Children; W. J. Taylor, of Philadelphia, Prof. of Chemistry; Goronwy Owen, M. D., Demonstrator of Anatomy.

FOREIGN INTELLIGENCE.

Death from Chloroform.—We find in the *Med. Times and Gaz.* (Aug. 20th), the following account, by Mr. W. Allingham, surgical registrar at St. Thomas's Hospital,

of a death from chloroform, which has recently occurred in that hospital.

"R. W., aged 28, admitted into Abraham's Ward, under the care of Mr. Solly. On the morning of June 14, 1859, this patient was carrying on his shoulder a basket containing bottled beer, and in the endeavour to step from one steamboat to another before they had ceased moving, he got his right foot jammed between them, and was thrown violently forward on to the deck. On his being brought to the hospital, it was found that he had dislocation of the foot inwards, and the astragalus outwards. The inferior articulating surface and the rounded head of the astragalus could be distinctly felt at the outer side of the foot; the tibia rested on the os calcis; there was no fracture of the ends of the tibia or fibula. There was considerable bruising, and the skin over the dislocated astragalus was very tense. Reduction was readily effected by simple extension. For some days he went on very well, although the foot was much swollen and contused; but he was a man of exceedingly irritable temperament, and had been accustomed to drink freely, being employed in wine-vaults. On the 24th it was evident that sloughing would take place over the outer side of the joint. On the 27th he was attacked with erysipelas, and Mr. Solly made an incision to let out pent-up matter. From this period he suffered very much; several incisions were made at different times, and a slough formed on the inner ankle from slight pressure of the Liston's splint upon which his leg had been placed. He had throughout liberal diet, plenty of stimulants, and opiates at bed-time. The erysipelatous inflammation subsided, and Mr. Solly had him taken up to the operating theatre for the purpose of examining the condition of the joint, and removing the astragalus if necessary. This was on the 23d of July. He was put under the influence of chloroform by Mr. Gervis, the house surgeon, and Mr. Solly carefully examined the joint. He did not find it necessary to remove the astragalus, but gouged away some carious bone. The limb was re-adjusted in a Liston's splint before the patient was taken from the theatre, and the whole operation lasted more than half an hour, during which time he was under chloroform.

For a few days after the operation he was better, but he soon relapsed; his sufferings were considerable, no doubt, and much aggravated by his irritability; there was free discharge from three wounds; his rest was broken, his appetite far from good, and Mr. Solly came to the conclusion that it was advisable to amputate the foot. On the 8th of August, the day on which the operation was to take place, he was quite cheerful, and took some stout and brandy, a short time before he was taken up to the operating theatre. Mr. Gervis again administered the chloroform; one drachm was placed in the inhaler, and I should think that not more than half of it had been inhaled when Mr. Gervis found his pulse fail, and withdrew the chloroform; the patient's face became very pale, he made a few gasps, emptied his bladder, and, I believe, then died. An injection of brandy was immediately given, and artificial respiration was continued for full half an hour; galvanism was likewise tried without any avail.

I made the *post-mortem* examination twenty-three hours after death. Dr. Bristowe, who was in the room making another *post mortem*, kindly gave me the benefit of his valuable opinion upon the points I submitted to him.

General appearances.—Body not at all ill nourished. Rigor mortis but slight. Some lividity about the ears, face, and neck.

Chest.—Lungs well collapsed. No pleuritic adhesions. There was about a drachm and a half of serum in the pericardium. All the cavities of the heart contained fluid blood, and the heart was perfectly healthy. A microscopic examination failed to detect any fatty degeneration. Both lungs were healthy. There was no odour of chloroform to be detected in them. The aorta was free from atheromatous deposits.

Abdomen.—Liver slightly enlarged (weighing four pounds six and a half ounces), but healthy in structure. The left kidney was twice the size of the right, both were healthy. The spleen was softer than usual, breaking down with the slightest touch. There was no peculiarity about the pancreas. The stomach contained a small quantity of semi-fluid material, and was healthy, as were also the intestines.

Head.—There was a little fluid beneath the arachnoid. The surface of the brain was perhaps slightly paler than usual. On the under surface of the anterior portion of the middle lobe—right hemisphere—there was a depression containing a pulpy mate-

rial, which Dr. Bristowe suggested to be probably the remains of an old clot—a microscopic examination confirmed this view. There was a similar condition of the under surface of the anterior lobe of the same side, the olfactory bulb being destroyed. The lateral ventricles contained a small quantity of fluid. There was no other deviation from healthy structure observable.'

Examination of the right Ankle.—A sloughy wound existed on the outer side and communicated with the joint—on the inner ankle was another sloughy sore and there was also ulceration on the instep. The astragalus was found to be normally placed with regard to the tibia and fibula; the foot was turned inwards. The cartilage was removed from the upper surface of the astragalus, and softened bone exposed. The opposed articulating surfaces of the os calcis and astragalus were likewise denuded of cartilage. There was no fracture of tibia or fibula.

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Anæsthesia by Chloroform.—The immunity from pain is a privilege so precious, that life itself is sometimes thought hardly too great a stake to play when enduring agony is risked on the other side. But it can never be the duty of the surgeon to endanger life for any other prospective gain to his patient; this must always be the highest consideration for him, and all else is lessened by comparison with its all-importance. If, then, it can be shown that the danger to life from the use of chloroform exceeds the saving of life which it can effect; if it can be shown that so many lives have been sacrificed by the employment of this anæsthetic, while there has been no corresponding gain in decreased mortality after operations arising from the earlier application of surgical procedure, due to a diminished repugnance to submit to such treatment, from the increased security and perfection which deliberation and immobility have brought to our modern operations, from the lessened shock, from the abstraction of pain, from the absence of the agonized anticipation, that broke the mental power and destroyed tranquillity; if it could not be shown that from all these causes chloroform has been successful in diminishing mortality to a larger extent than it has caused deaths, then we think that surgeons would not be justified in recommending its inhalation to their patients. But we believe that the evidence on this score is sufficiently strong to justify operators in thus mercifully annihilating the agony, and with it, the terrors of the knife. It is to this end that the controversy has tended, which has been so ably supported by Mr. T. Holmes and Dr. Fenwick against Dr. Arnott; and that this conviction is entertained by all those best qualified, by their great experience, to judge, is best shown by the daily practice of hospital surgeons. There remains the great problem for study—how best to avert the danger which attends the inhalation of chloroform. We have repeatedly urged in these columns the duty of taking such precautions as the latest results of the experience of practised chloroformists can suggest. We have especially urged the importance of carefully regulating the proportion of chloroform to that of the atmospheric air inhaled; and this not by any rule of thumb, such as the approximation or removal of a cloth damped with chloroform, but by the most accurate instrument which mechanical skill can supply. Other precautions are—the regulation of the quantity (one drachm at a time), the prescription of slight preliminary abstinence, and so forth. We need not repeat these rules; they have been more than once laid down in these columns. They are followed and approved by those most accustomed to the administration of chloroform. They were indorsed by Mr. Potter, the chloroformist of St. George's Hospital.[1] They received last week the indorsement of Dr. Anstie, of King's College Hospital,[2] who emphatically repeated our cautions almost *totidem verbis*, as borne out by his own experience. They accord with the opinions of Dr. Richardson, the friend and biographer of the late Dr. Snow; and we are glad to find that they receive the support of Dr. Martin, of St. Bartholomew's Hospital. In a Cambridge thesis on this subject, Dr. Martin reviews the dangers attendant upon the inhalation of chloroform. He considers them to arise from the influence of chloroform upon the medulla oblongata and sympathetic system, from "peculiar susceptibility" of the vital organs and nervous centres, and perhaps sometimes from shock. The latter cause may fairly be expunged, since it is, in a greater degree, characteristic of operations performed without anæsthesia. There remains

[1] See the Lancet, vol. ii., 1858, p. 32.
[2] Ibid., vol. ii., 1859, p. 97.

a theory which is more comprehensive than satisfactory, and is, perhaps, rather an apology than an explanation. Be this as it may, Dr. Martin concurs in the opinion that "the best guarantee of safety is to be obtained by such cautious administration of the chloroform as may prevent the air and the blood in the lungs from being surcharged with the vapour, and by a jealous watching of the patient while he is being subjected to its influence." We trust that this accumulation of authorities will make surgeons more than ever loth to have recourse to the use of so loose and irregular a proceeding as the administration of chloroform on a handkerchief or napkin, or in any other way than through the most scientifically devised inhaler.—*Lancet*, July 30, 1859.

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Occasional danger of the Ophthalmoscope.—M. Desmarres states, in the *Gazette des Hôpitaux* of the 9th ultimo, that severe facial neuralgia was excited in a woman sixty-six years of age, by the use of the ophthalmoscope. She was affected with complete glaucoma of the right eye, and applied to the dispensary for facial neuralgia of the same side, from which she had been suffering for the last eleven years. The left eye seemed sound; but, on being viewed with the ophthalmoscope, it was found affected with the optical form of glaucoma described by Heger. Several medical men successively examined the patient with much gentleness, and she complained neither of fatigue nor of being dazzled. But the eye became painful towards evening, and a neuralgic pain, of the same kind as had long existed on the right side, occurred on the left. The pain became intolerable on the two following days; and, when the patient called again at the dispensary, all the symptoms of acute glaucoma were observed on the left side. M. Desmarres considers that an occasional cause of such an attack may be an ophthalmoscopic examination.—*Lancet*, July 30, 1859.

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Is Inguinal Hernia really rare in Female Children?—Most of our readers, including many of those who have enjoyed considerable opportunities of observation, will, no doubt, answer the above question with a most confident affirmative. Inguinal hernia is generally considered to be rare in the female sex, but especially so among its younger part. The statistics of hernia operations which we have from time to time published, from the different hospitals, number upwards of 800 cases, and comprise many cases of inguinal hernia in male infants, but not a single one in which the patient was a girl. We recorded a few weeks ago as a rarity, an example of inguinal hernia in a girl of eight, which had come under notice at Guy's Hospital. Since then, in conversation with Mr. J. A. Kingdon, the able Surgeon to the London Truss Society, we have been assured that the lesion in question is far from being so infrequent as has been supposed. Mr. Kingdon informs us that he has repeatedly seen inguinal hernia in female children, and even in young infants. His sphere of observation at the institution referred to, is, of course, very large indeed. He explains the present erroneous belief of the Profession on this subject, by reference to the fact, that inguinal herniæ in young females are rarely of large size, and never become strangulated, so that they attract but little attention. Still, however, even admitting that this might account for their not being often seen at hospitals, we should have expected to meet with them oftener in private practice than we do. Mr. Kingdon assures us further, that inguinal hernia in adult females is shown by reference to the books of the Truss Society, to be of a far greater comparative frequency as regards the femoral form, than is usually supposed. These books have been regularly kept, and their records since Mr. Kingdon took office, agree in this matter with those of former years, when Mr. Taunton was the surgeon. Here, again, the same explanation is resorted to. Femoral herniæ are very prone to strangulation, while inguinal in women, are, on the contrary, almost always of insignificant size, and easily reducible.—*Med. Times and Gaz.*, July 9, 1859.

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Paralysis of the Pharynx and General Paralysis after Diphtheria.—M. Maingault lately read before the Medical Society of the Hospitals of Paris an important paper on the above mentioned affections. We find by the excellent report of M. Henri Roger, physician to the Children's Hospital, that M. Maingault, by collecting the cases published and adding his own, has been able to ground his essay upon fifty cases of pharyngeal and general paralysis. These affections generally occur during the

convalescence of diphtheria, and are looked upon as unconnected with any lesion of the nervous centres. Recovery is the rule, and is promoted by steel, bark, sulphurous and saline baths, cold douches and stimulating frictions. In a few cases, special excitants of the nervous system, such as strychnine and electricity, have been found extremely useful.—*Lancet*, Aug. 20th, 1859.

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Medicated Subcutaneous Injections.—Dr. Alex. Wood's method of injecting narcotic solutions into the cellular tissue is finding favour in France. M. Béhier, an hospital physician of Paris, has made numerous experiments respecting this mode of removing pain, and has communicated the results to the Academy of Medicine.

The fluid injected in these experiments was a solution of sulphate of atropine, six grains to an ounce of water, which gives a proportion of the fiftieth part of a grain to every five drops of the solution. Fifty-three patients, affected with various kinds of neuralgia, were injected close to the seat of pain with this solution; twenty-two others with a solution of sulphate of strychnine, in the same proportions as had been observed for the sulphate of atropine. A solution of muriate of morphia was also injected in a case of slight lead colic. Pain was always relieved, and cures were effected in all the cases where the injections were sufficiently repeated—namely, in thirty-one cases out of the fifty-three. Signs of belladonna poisoning occurred in all, which was combated by opium.

M. Béhier has tried to remove pain by injections into the cellular tissue at a distance from the seat of the uneasiness, so as to put the assertions of Mr. C. Hunter to the test; but always unsuccessfully. The same physician thinks that injections of medicated fluids into the cellular tissue afford very great advantages in cases of neuralgia and paralysis; and that these injections will yield the best results in other affections, where it is important that the medicinal substances should act upon the organism at large.—*Lancet*, Aug. 20.

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Forcible Extension of the Knee-Joint; Appearances on Post-Mortem Examination.—M. Demarquay mentioned the following case at one of the late meetings of the Surgical Society of Paris: A boy, ten years old, from South America, was sent to him with white swelling of the knee. The flexion of the joint was so great that the heel touched the posterior aspect of the thigh. Slight mobility of the patella and of the articulation; great emaciation; chest sound. Evacuation of a small quantity of pus by the trocar, and subsequent injection of iodine, were well borne. Soon afterwards, the joint was forcibly stretched whilst the patient was insensible with chloroform, and placed in a concave splint, which was soon replaced by a starch bandage. Some little time elapsed, when the boy was suddenly carried off by pneumonia.

On examination of the joint, no pus was found in it, but the femur was considerably bent in its lower portion, and the bone was found fractured along its posterior surface, the anterior lamella being sound. Lungs studded with tubercles. The fracture was evidently caused by the forcible extension.

M. Chassaignac observed that bones in such operations are much more frequently broken than surgeons imagine, which accident occurs, according to another speaker (M. Broca), from softening of the bones. Such fractures have been known, however, to unite pretty rapidly. We hold that the reduction of luxations, or forcible extension of joints, carried on whilst the patient is narcotized, should be performed with great caution, as the guide presented by the sensations of the patient is quite absent, and great mischief might follow the reckless employment of force.

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The Ophthalmoscope in cases of suspected Malingering.—A case came under observation in Mr. Dixon's Clinque at the Royal London Ophthalmic Hospital, which put in a strong light the usefulness of the ophthalmoscope in cases of alleged imperfect sight without ostensible symptoms. It is well known that in the public services loss of sight is very frequently pretended, in order to obtain a discharge. To ascertain whether the imperfection of sight really existed or not, has many a time taxed to the utmost the ingenuity of the army or naval surgeon. Cases of genuine amaurosis in which no external symptoms can be perceived, but in which, as in Milton's instance,

> "The eyes, though free to outward view of blemish or of spot,
> Bereft of light, their seeing have forgot,"

are far from infrequent. Immobility or very marked sluggishness of the pupil is,

it is true, present in a majority of these. But in their earliest stage this symptom is for the most part wanting. Many a sailor or soldier has, we doubt not, remained long under the suspicion of malingering, in whom retinal apoplexies did really exist, or who was affected with commencing atrophy of the optic tracts. In the discovery of these lesions the ophthalmoscope will henceforth afford most valuable aid.

The man whose case has induced us to make the above remarks is a healthy looking sailor, of about 30, who applied to Mr. Dixon for advice respecting his eyes on Thursday last. He had been in the navy, and had recently, with much difficulty, obtained an order of discharge. He could see large objects, and even perceive large print when placed in certain positions before him, but could not see at all distinctly. There was no trace of congestion about the eyes, and the irides were free and the pupils readily mobile. As far as the most careful inspection could go without instrumental aid, the organs appeared quite normal. Mr. Dixon ordered the use of atropine drops, and as soon as the pupils were well dilated proceeded to an ophthalmoscopic examination. With the greatest ease it was now seen that both retinæ were blotched over with apoplectic extravasations of very various sizes, but many of them abruptly margined. The wonder was, that with such extensive disease the man could see as well as he did.

Apart from the benefit conferred in such a case as the above by the ophthalmoscope in supplying an objective symptom to a case before wholly based upon subjective ones, and therefore liable to much doubt, it furnished also very valuable knowledge as regards treatment. As soon as a surgeon who, without instrumental aid, had arrived at the conclusion that the man was not shamming, his next impulse under the old system would, no doubt, have been to give a course of mercury, in the hope of arresting the unseen and unknown pathological changes. And such treatment under such circumstances would have been quite justifiable. Knowing, as we now do, however, that the partial amaurosis is not due to chronic inflammation, but to extravasations of blood—a sort of purpura of the retina and choroid—we see the futility of such treatment and the danger which would attend it. The extravasations under consideration often occur in the subjects of albuminuria, and are probably, even when the patient appears healthy, always a sign of impoverished fluids. Under such circumstances mercury is little less than a poison.—*Med. Times and Gaz.*, July 9th, 1859."

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Mr. Syme and American Surgery.—Dr. E. D. Turner, in a letter from Edinburgh to the *New Orleans Med. News and Hospital Gaz.*, Sept. 1859, gives the following account of some remarks of Prof. Syme in regard to American Surgery:—

"I went to the Royal Infirmary on Mr. Syme's clinical day to hear him talk and see him operate. His manner is exceedingly plain and unpretentious. He speaks low, and with marked Scottish pronunciation. When he entered the operating room he took a seat, and commenced speaking of the first operation that was to be performed —a case of simple *harelip* in a young child. He explained the nature of the complaint, mentioned the different methods of operating that had been resorted to, and spoke of the superior advantages of the *silver suture*. Mr. Syme here took occasion to remark that Europe was indebted to America for two of the greatest improvements in modern surgery—*the use of anæsthetic agents* and *the silver suture*, both of which he should apply to the case about to be operated on. He unhesitatingly accorded to our distinguished countryman, Dr. Sims, of New York, the entire credit of introducing the silver wire suture into surgical practice, notwithstanding the *envious* attempt that had been made to show that it is not a recent invention at all, but a thing long known to the profession. He said that a clever young surgeon from America, naming Dr. Bozeman, was over here last year, claiming to have made a great improvement on Dr. Sims' operation for *vesico-vaginal fistula*; but, for his part, he could not perceive the improvement. The whole merit of that great operation he said was due to the silver suture, which enabled the surgeons of the present day almost invariably to remove a loathesome infirmity that formerly defied the skill of the profession. He said a distinguished American surgeon had remarked to him last year that he thought it was time that America should begin to do something in return for all she had received from Europe. Dr. S. said he thought the latter

was now amply compensated by the two great discoveries just mentioned."

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The Physical Phenomena of Revivals.—We felt it a duty lately to express the conviction, which is universal amongst medical practitioners, and which is felt in common with them by all who have any cognizance of the healthy or diseased workings of the human frame, that the violent physical "manifestations" which have accompanied the "revivals" in the North of Ireland, are morbid and injurious phenomena, which are comparable with similar conditions seen in hospitals where hysteria is prevalent, and witnessed in all female communities in crises of excitement and agitation. The insensibility, the sudden relaxation of muscular power, the prolonged convulsions, the foaming at the mouth, the rolling of the eyeballs, the fixed and glassy stare, the wild dreams, the incoherent ravings, which are viewed by the friends of these "revivals" as signs of regeneration that should be encouraged and propagated, are well known to be the indicia of hysterical and epileptiform seizures, consequent upon an overwrought condition of mind, and an enfeeblement of the body due to prolonged abstinence and to great mental excitement. Without entering into any other view of the condition, it must be pronounced to be one of induced disease, mischievous and morbid in itself, and fraught with serious possible consequences to body and mind. That statement has met with great disfavour amongst a small portion of the Irish press, and THE LANCET has been warmly abused for taking such a view of these phenomena. This is so far a matter of congratulation that it has served to attract attention to it in quarters where it was else little likely to reach. We had no intention of furnishing matter for pulpit oratory, but physical phenomena have been pressed so mischievously into the service of fanaticism, that we are glad to have afforded arms to the eminent divines of Belfast, with which they are successfully combating a great evil. The Rev. W. M'Ilwaine, an eminent preacher of Belfast, in a lecture which he delivered last week, stated that he knew of seven persons, in the immediate vicinity, who were maniacs through the influence of the movement. Two were paralytics, one of whom was not likely to survive.—*Lancet*, July 23, 1859.

The Cholera in Germany.—A letter from the Grand Duchy of Mecklenburg, in the *Augsburg Gazette*, says: "The cholera has broken out with great violence in some towns and villages in this duchy, and many of the persons attacked have died after only four or five hours' suffering. In some of the villages the harvest operations have been suspended for want of hands, sixty to seventy persons having been taken ill at the same time. The disease breaks out first in one place and then in another, sparing for a time intermediate villages, and then turning back on them with increased violence. The ports of Rostock and Warnemunde have not escaped the malady which was brought there, it is supposed, by a vessel from St. Petersburg. The cholera continues to rage at Hamburgh, carrying off from sixty to seventy persons daily."—*Lancet*, Aug. 20.

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Cholera.—This epidemic is spreading along the shores of the Baltic. Its presence in Dantzic is officially acknowledged, as well as in Osnabruck and Elberfield; and it is reported to have made considerable ravages at Hamburgh.—*Ibid.*, Sept. 3, 1859.

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Cholera at Bombay.—Information from Bombay, dated June 23d, states that at many of the stations on that side of India, cholera has been very prevalent during the month, in many places carrying off large numbers, and exhibiting itself in a virulent type. On the island of Bombay, it has proved fatal to a large number of natives. We regret to say that Lieut. E. M. Smith, R. N., Admiralty agent of the Peninsular and Oriental steamer, *Granada*, has fallen a victim to it.—*Ibid.*

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New Professor of Physiology of Paris.—Dr. Longet, well known by his valuable contributions to science, has been appointed Professor of Physiology at the Faculty of Medicine of Paris.

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Poisoning Through Eating Potato Seeds.—The daughter of a gentleman at Birkenhead, fourteen years of age, lately went into the garden which adjoins the house they were staying at and ate a quantity of potato bells. Next day she was taken very ill, and vomited a great deal. A surgeon was called in, but she continued very ill until the ensuing day, when she died.—*Lancet*, Aug. 20.

THE MEDICAL NEWS AND LIBRARY.

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GULSTONIAN LECTURES.

On Fever and Inflammation. Delivered before the Royal College of Physicians, London, 1859. By WILLIAM ADDISON, M. D., F. R. S., F. R. C. P.

LECTURE III.

XIV. *Continued Fever.*—In the sixth volume of the *Transactions of the Medical and Physical Society of Calcutta*, there is a paper by Mr. Lealie, On the Diseases of Gowhattee, the capital of Lower Assam.

"The poorer inhabitants of the town," says Mr. Leslie, "are badly lodged, clothed, and fed. They sleep on a thin mat, spread upon the ground; their food is chiefly rice, and fever is often introduced by an intractable form of bowel complaint. The disease consists in inflammation and ulceration of the large intestines; and so insidious is it that in many cases emaciation has advanced to a great degree, and ulceration of the colic mucous membrane has taken place, before the patient applies for assistance. In such circumstances, he has no pain, or prominent or urgent complaint to make; scarcely allows he is ill, or has loose stools; he merely feels weak and wastes slowly. But, when fever comes on, the patient wastes rapidly, with thirst, loss of appetite, smooth red tongue, hot skin and frequent pulse. Œdema of the extremities appears, and the disease generally proceeds to a fatal termination amidst the most extreme degree of debility."

Mr. Leslie gives a tabular view of forty-seven fatal cases of the disease, with the appearances on dissection, from which it results that every variety of lesion of the mucous membrane of the colon was observed; from inflammation and purulent secretion, lining the membrane, to abrasion and ulceration, various in extent and depth, or even to mortification.

Published monthly by BLANCHARD & LEA, Philad'a, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

We contrast this form of fever observed by Mr. Leslie, with fever reported on by Dr. Craigie, which appeared in Edinburgh in 1834 and 1835. One hundred and seventy-four cases were treated; and of these, in one hundred and twenty-six, or seventy-three per cent., the head was the principal part affected. Of twenty-four examinations, after death, brain affections were found in twenty-two. Speaking of these results, Dr. Craigie says, emphatically:—

"We have had several examples of fatal fever, with lesions of the mucous membrane of the stomach, and sometimes enlargement of the intestinal follicles; but we have almost none of *dothinenteritis*, which have been so commonly observed elsewhere. In the whole of the cases treated by myself, there was only one in which the follicles were so much diseased as to justify particular importance being attached to it, and in this case the ulcerations observed must have existed prior to the fever."

Dr. Robert Perry, from the year 1831 to 1835, made careful observations in upwards of four thousand cases of fever, in Glasgow. Three hundred necroscopic examinations were made; and he dwells particularly on the necessity of distinguishing true typhus from *dothinenteritis*, or typhoid fever.

"Contagious typhus," he says, "is an exanthematous fever, solely produced by the introduction into the system of a specific poison, generated in the human body. It runs a certain course, which may be modified, but cannot be stopped. It is most contagious when the patient is convalescent, the poison being spread abroad by the desquamation of the cuticle. *Dothinenteritis*, or enlargement of the mucous follicles of the smaller intestine, and enlargement and ulceration of the aggregated glands of the lower third of the ileum, is a disease *per se;* and, though it occurs in combination with contagious typhus, it is a different disease, of different origin. It begins with bowel complaint—sometimes so slight at first as scarcely to attract the patient's attention. Afterwards, fever arises. This disease," Dr. Perry goes on to say, "may exist in every degree of mildness or severity; it has no regular period of termination. The fever may run on for two, three, or four weeks, and terminate in gradual restoration to health without any sensible crisis; or the patient may sink under it from exhaustion, or by hemorrhage from the bowels; or it may end by some of the ulcers of the aggregated glands of the lower third of the ileum penetrating the coats of the intestine."

It is well known, from various afflicting causes—unwholesomeness and insufficiency of food, cold, wet, fatigue, and exposure—that the British and French armies on the heights before Sebastopol suffered an extraordinary amount of sickness; the British army chiefly in the winter of 1854 and 1855; the French army principally in the winter of 1855 and 1856. The former, numbering twenty-three thousand soldiers on its muster-roll, had upwards of twelve thousand at one time in hospital; the latter, in January 1856, had thirteen thousand; in February, twenty-one thousand; and in March, eighteen thousand sick and wounded men, distributed in various hospitals, and in other places that could be hastily obtained for their accommodation and treatment. The chief diseases from which these men suffered were, frost-bites, scurvy, chronic dysentery, diarrhœa, and fevers.

"Contagious typhus, scurvy, dysentery, frost-bites, and hospital gangrene," says Dr. Bryce, speaking of the French hospitals on the Bosphorus, in the winter of 1855 and 1856, "abound; but the first-mentioned disease, by its virulence, extent, and type, is more deadly than all the others taken together." The very large development of scurvy, and the outbreak of contagious typhus, exhausted the sanitary means of the French at Constantinople; and Dr. Bryce noted with astonishment the crowding and filthiness of the patients, the foulness of the bed and body clothes, the unwholesome and ill-ventilated state of the wards, and the stenches arising from various sources. The picture drawn by this gentleman, from personal observation whilst rendering his valuable services to the sick, is one of the most painful and heartrending to be found in the medical records of camps and hospitals.

"I could have no difficulty," says the Doctor, "in pointing out the fallacy of confounding, under one denomination, *two fevers* essentially distinct in respect of symptoms, course, morbid lesions, and etiology. * * * * In the contagious typhus, studied in the French hospitals, as elsewhere, there are present the characteristic maculæ and petechiæ, very distinguishable from the rose-coloured papulæ of typhoid fever. In the former there are absent the abdominal

symptoms so prominent and almost pathognomonic of the latter. Equally absent are the anatomic lesions, which constitute the morbid state of typhoid fever, namely, morbid state of the intestinal follicles, mesenteric ganglions, and spleen. * * * The number of surgeons who have fallen as sacrifices to their duty is almost without parallel. Forty-six died from typhus alone; scarcely one escaped an attack. There was fear lest the sick should be left utterly without skilled help. Sisters of charity, clergymen, orderlies, and all whose duties compel them to pass several hours daily in the service of the wards, have been, with few exceptions, attacked. But worse even than this is the deplorable fact that patients, labouring under scurvy and bowel diseases, when their progress to recovery is established, are seized with contagious typhus.

The vast proportion of the patients, the soldiery, showed, by their attenuated limbs and sunken countenance, a by-gone period of privation of proper nutriment; and the resemblance, in external aspect, of these patients to those suffering from fever during the famine years in Ireland, was very striking. On the other hand, "I have seen," says Dr. Bryce, "in the orderlies, and in others attending upon the sick in previous good health, the sudden invasion of typhus, marked by rigors, intense heat, headache, and delirium; and oftentimes the termination was as rapid and unexpected as the onset. These circumstances are very different from the slowness and incertitude of the same nominal state in typhoid fever."

If we note the series or order of events as related by these several observers, it is, in Mr. Leslie's report, poor diet, hardships, bowel complaint, dysentery, emaciation, and lastly, fever. In Dr. Craigie's cases, it was first fever, headache, and then cerebral and pulmonary affection.

Dr. Perry expressly says that he had to treat two fevers; one beginning with bowel complaint, sometimes so slight at first as scarcely to attract the patient's attention; the other was the contagious typhus. In the hospitals at Constantinople, we have the testimony of Dr. Bryce to the same effect. He had no difficulty in pointing out the fallacy of treating, under one denomination, two fevers, distinct in their etiology; the one supervening on previous forms of ill health, on bygone periods of hardship and suffering; the other attacking the orderlies and attendants on the sick—persons in good health and comfortable circumstances until prostrated by fever. The facts place before us two fevers, the one, contagious typhus, striking down the healthy; the other, typhoid fever; and the question, as regards the latter form of fever, is: Whether or not anatomical lesions, from which morbid matter may be absorbed into the blood, exist before the fever, as they do in hectic fever?

Now in the case of the sailors we have before mentioned, the men transacted the duties of the ship with ulcers on their legs. In many other instances, persons walk about with extensive ulcerations on the legs and elsewhere. Persons in consumption pursue their daily avocations with suppuration and ulceration in the lungs. In the cases of fever observed by Mr. Leslie, emaciation was apparent, and ulceration of the colic mucous membrane had taken place before the patient applied for assistance—before symptoms of fever appeared. The history of perforating ulcers of the stomach proves that, in many cases, persons do not complain of illness with ulceration of the mucous membrane of that organ. The anatomical lesion is not known to exist, little or no complaint being made until perforation of the coats of the stomach has occurred. In the case of fever, expressly noted by Dr. Craigie as associated with disease of the mucous membrane of the bowel, he says that the local disease existed before the fever.

In the armies before Sebastopol, thousands of men with scurvy, diarrhœa, and dysentery, faced and did their duty. In the overcrowded and poorest parts of cities and towns, where hardships must be endured, sickness abounds: scrofula, scurvy, diarrhœa, dysentery, typhoid fever, and typhus. Under such circumstances, numerous poor persons certainly continue their avocations, with bowel-complaint, diarrhœa, and chronic dysentery. The person may have no pain, or prominent or urgent complaint to make, may scarcely allow that he is ill, or has loose stools; he merely feels weak and wastes slowly. Chronic ulcerations are preliminary conditions of hectic fever.

The inference is, that the anatomical lesions of diarrhœa and dysentery exist before: but are sometimes latent, until symptoms of fever appear. The fact cannot be demonstrated, neither can it be denied; and, in the absence of direct proof to the contrary,

collateral circumstances are in favour of the inference. Could it be demonstrated, hectic and typhoid would be essentially the same kind of fever; both occasioned by debasement of the plasma, from absorption of morbid matter through places of chronic ulceration or anatomical lesion. The differences between them would arise from differences in the situation of the anatomical lesions, and from difference in the qualities of the matter absorbed.

If it should be inquired why ulceration of the mucous membrane of the bowel (the ileum, or colon)—anatomical lesions of diarrhœa and dysentery — occasion typhoid, when chronic ulcerations elsewhere in the body occasion hectic fever, we should reply: Because the special function of the part affected gives specialty to the fever. The mucous membrane of the bowel is eminently an absorbing surface. Myriads of groups of cellular bodies naturally exist here, the contents of which are all normally tending inwards, towards the fluid of the blood, which is, indeed, their destination. And Peyer's patches in the small intestine are especially rich in absorbent vessels. Therefore morbid elements, from ulceration of these parts, are the more readily indraughted into the blood. Moreover, excretions of the alimentary canal are naturally offensive; these must mingle with the matter of the ulcerations; and, on that account, spoiled and offensive material, abnormally ebbing back into the circulation from places of ulceration or disease in the mucous membrane of the bowel, will more speedily and thoroughly debase the plasma than from ulcerations elsewhere in the body.

"Typhus fever," says Dr. William Fergusson, "may be called the endemic of the British Isles, and of the same parallels of latitude on the continent of Europe. But, besides the endemic, or aërial, origin of this fever, there appears to be another source of the typhoid poison; I mean that which arises in crowded hospitals, prisons, barracks, and other habitations. I acknowledge it to be unphilosophical and incongruous to imagine that two fevers, springing out of sources so distinct, should yet so entirely resemble each other that they have been treated, classed, and acknowledged for the same; nor can I afford any satisfactory explanation of this phenomenon. But the fact is certain that they do so arise; for in the contagious ulcer, or hospital gangrene, we possess a demonstrable, tangible, and visible proof of its existence. This ulcer is a local form—a visible personification, if I may use the term—of the typhoid poison. It never occurs but under the most distressful crowding of the sick and wounded, and it is then so highly contagious that all other ulcers, or even abrasions of the skin are speedily involved in its destructive course. The contagion is capable of inducing typhous fever upon the sound, healthy, inmates; but in the wounded, where the poison finds a *nidus* and a vent, instead of affecting the constitution generally, it commits its ravages upon the wounded limb. So strong is the predisposition to that form of pyrexia, called typhoid, that it is prone to become an aggravation and superaddition to other forms of fever. All the remittent types and degrees, as well as the catarrhal and peripneumonic fevers are apt, when long continued or improperly treated, to glide into it."

Now not only is the typhoid pyrexia thus apt to become, as Dr. Fergusson says, an aggravation to other forms of fever; but also it is apt to appear in cases of large surgical wounds, in other wounds, and in puerperal women, where there is lesion of the mucous membrane of the womb, and an offensive discharge. And, generally, of anatomical lesions with offensive discharges, the typhoid pyrexia is apt to become an aggravation.

From all the foregoing considerations, we set down the anatomical and casual distinctions between typhoid fever and typhus, as follows:—

TYPHOID FEVER.	TYPHUS.
Previous, and perhaps present, hardships and privations.	No previous hardships.
Chronic lesions of the mucous membrane of the bowel:	No chronic lesion of the mucous membrane of the bowel, or elsewhere.
Absorption of morbid matter from the anatomical lesions; and lastly—	No absorption of morbid matter to change the qualities of the fluid of the blood; but, first—
Fever, or disorder of the corpuscles of the blood, from debasement of the fluid in which they swim.	Fever or disorder of the blood-corpuscles from an aërial poison introduced through the lungs; the corpuscles of the blood being the first elements of the body disordered.

The points of distinction, as they relate to our argument, being that: In typhoid fever the blood-corpuscles are disordered in consequence of previous debasement of the fluid in which they swim; whereas in typhus they are disordered by a poison act-

ing directly on them in their passage through the lungs.

From the contrast above shown, it is evident that the condition of the patient is more complicated in typhoid fever than in typhus; for in a given case of each fever, the consequences of the fever may be the same, or equal; but the previous anatomical lesions, which occasion typhoid fever, introduce a most material element as respects the history, treatment, and termination of that form of continued fever.

But it has been concluded that disease of the blood-corpuscles may generate a contagious virus. In the inoculated smallpox, in the case of the physician before related, and in other contagious fevers, the quantity of morbid matter introduced into the blood is exceedingly small; but the magnitude of the effect is very great. The reason we have assigned is because the morbid matter disorders by contagion, or by a contact-action, the whole of the corpuscles of the blood. There are no reasons for excluding, in any arbitrary manner, a similar contact-action amongst the blood-corpuscles from morbid matter introduced into the blood through anatomical lesions in the bowel; especially in cases where the matter absorbed may happen to be particularly offensive; therefore, a severe form of typhoid fever may introduce the virus or poison of typhus.

We say it may do so; because, although the history of hectic fever shows that it is not every form of reactionary fever that gives origin to a contagious virus, still, inasmuch as the generation of a contagious virus in the blood and symptoms of fever go together, so, on the other hand, we apprehend we are justified in saying that the graver forms of typhoid fever do, or may, issue in the production of a contagious matter; thereby, persons in health—attendants on the sick—are struck down with fever; a fever, be it observed—in the persons who may have been attacked by fever in this way—of very different beginnings from the fever of the person communicating it; occasioned, not through debasement of the fluid of the blood from pre-existing anatomical lesions, but through a virus generated in the blood of the first patient, and attacking the second and healthy person through the lungs.

The history or sequence of the sickness which abounds in times of hardship or famine, substantiates the argument; for the order usually is: first, forms of inflammation without fever, ulcerations, boils, and eruptions; then follow bowel complaints, chronic dysentery, and diarrhœa; and, lastly, fevers—the typhoid and typhus. This sequence obtains, because hardships in diet disorder the bowels; and this disorder is comprised in the terms diarrhœa and dysentery. The anatomical lesions of chronic diarrhœa and dysentery occasion typhoid fever; and typhoid fever may beget the poison of typhus. Our own experience accords with the conclusion that the typhoid poison will sometimes beget fever in the healthy attendants on the sick.

Let us examine how far the facts observed in puerperal fever bear out the validity of our argument in this respect.

XV. *Puerperal Fever.*—Gestation and parturition are physiological acts; but the condition of the puerperal woman, immediately after her delivery, is one of a *quasi* pathological character in the following respects:—

The blood abounds in plasma elements, and forms, on withdrawal by venesection, a buffed coat. The uterus, just relieved of its contents, may be likened to an injured organ proceeding to recovery. The condition of its bloodvessels is one favourable to the ebbing back of morbid matter into the circulation, and there are offensive discharges from the uterus. Cruveilhier has seized this analogy in its minutest details. Dr. Ferguson too, dwells upon it. "The puerperal woman," he says, "is in a condition analogous to that of a person who has undergone a serious surgical operation. All the uterine vessels from which the placenta has been detached, form part of a large wound, and are bathed in the secretions which take place while this wound is healing." Such being the conditions of the puerperal woman, her medical treatment has become a matter of routine for the first three days, lest a chill, an emotion, or an error in diet, should change reparative reactions into forms of inflammation. And the words of Mr. Hunter, which we quoted in our first lecture, are applicable here. "Granulations may all at once fade away and lose their life; and pus of a very different quality is discharged when granulations are fading away, than when a sore is granulating freely."

The analogy, or rather perfect similarity,

between the condition of the womb in the puerperal woman, when, from a chill, an emotion, an error in diet, or any other accident, granulations have all at once lost their life, and the condition of the mucous membrane of the bowel in cases of chronic dysentery, as respects their both being sources of specially offensive matter, can scarcely be denied; and if it be not denied, then the same course of reasoning which has been employed in tracing the relation between ulceration of the mucous membrane of the bowel and typhoid fever, and between typhoid fever and typhus, is equally available in explanation of the relation of inflammation of the womb in the puerperal woman, to two forms of puerperal fever. That is to say: in the puerperal woman the conditions upon which inflammation of the womb supervenes are favourable to a debasement of the plasma, because there are anatomical lesions, and because, from the state of the uterine vessels, morbid matter is specially liable to ebb back into the circulation; and should this absorption take place to a degree sufficient to disorder the corpuscles of the blood, symptoms of fever, from deuteropathy of the plasma, would arise; that is, fever, from the same kind of antecedents as hectic and typhoid fever. But it has been concluded that disorder of the blood-corpuscles may issue in the generation of a contagious poison; consequently, in a lying-in hospital, a puerperal woman, in an adjoining bed, or in an adjacent ward, may become affected with fever from the illness of the first patient; a fever, be it observed, in this second case, of very different beginnings from the first; occasioned not through anatomical lesions and debasement of the plasma; but by a poison generated in the body of the first patient; affecting the second woman from the air and through the lungs.

On referring to the literature of puerperal fever, it is seen that physicians have been divided in their views concerning the pathology of that disease; some holding the opinion that puerperal fever is an idiopathic fever; others regarding it as a local inflammation, taking the form of peritonitis, metritis, or uterine phlebitis. These two views, there seems to us no necessity for placing in antagonism. In all cases of puerperal fever there are forms of inflammation and fever; but, if there be truth in our doctrine of fever, it is of the utmost importance in any given case of puerperal fever, to determine whether inflammation has, or has not, preceded and been a cause of fever. If it has, the fever is a reactionary, or plasma fever, *i. e.*, fever from debasement of the plasma, and anatomical lesions precede the fever; if it has not, the fever is a primary or aërial fever, and independent of any inflammation or anatomical lesion, except what may follow from it.

Upon the subject discussed in this section, it has been suggested that we have offered no proof of the existence of *granulations* in the interior of the puerperal womb. But, as we have said in the first lecture, granulations are simple cellular growths; their shape and colour are not essential to their definition; and certainly "the large wound from which the placenta has been detached" can heal only through the intervention of new cellular growths, which may, from unsuitable conditions, "all at once lose their life and fade away;" and should they do so, then reparative reactions are changed to forms of inflammation—a granulating wound is "all at once" changed into an ulcerative one.

XVI. *Crisis, Protraction, and Relapse: Fever.*—There are no diseases in which the transition from unfavourable to favourable symptoms is more marked than in primary contagious fevers. Thus, in typhus, in the great majority of those who recover, the turn in favour of the patient is determined within a period of twenty-four hours. In our exposition of fever, we have treated the corpuscles of the blood as living bodies. And in all phenomena depending on the actions of living bodies there are epochs or periods; there is a time of germination, maturity, and decline. And symptoms of fever, because they are based upon an independent action or metamorphosis of the blood-corpuscles, have also their analogous epochs.

When the fluid of the blood is disordered short of affecting the corpuscles, and some form of inflammation arises for its depuration, there is but one preternatural depurative reaction, namely, that of the fluid upon the common tissue, denoted by the inflammation. But in fever there are two preternatural reactions: one, and the first, that of the corpuscles, whereby they extricate themselves from a virus; or, in other words, excrete a poison, and transfer it to the fluid in which they swim; the other, and subse-

quent one, that of the fluid whereby the virus is handed over to the common tissue for expulsion by some form of inflammation. In both kinds of inflammation, namely, those without fever, and those consequent on fever, the inflammation has reference, not to the state of the corpuscles, but to the state of the fluid of the blood.

The crisis, or maturity and termination of fever, then, depends on two events, both of them vital actions: *first*, the discharge of the virus from the corpuscles; and *secondly*, its discharge from the plasma. If there be obstacles to the discharge of the virus from the corpuscles, symptoms of fever will be protracted; should there be hindrances to its discharge from the plasma, forms of inflammation will be protracted.

If the corpuscles have freed themselves from the virus, but there are hindrances to its discharge from the plasma, then the imperfectly depurated fluid may react upon the convalescing corpuscles, and symptoms of fever be renewed. And the more probable will be this renewal, or relapse, where inflammation is acting the part of a depurative organ. But let it be observed in the circumstances presumed, the fever into which the patient relapses has a different *condition précédente* from the fever with which he was first attacked. The first fever has an aërial origin, the second, or prolonged fever, is due to imperfect depuration of the plasma. Let us examine this point in more detail.

When causes of hardship and sickness abound in the mixed population of a crowded city, complex forms of illness must often occur. These it is very difficult to unravel, because the persons are not, or have not been, continuously under medical observation. We therefore again refer to the crew of a ship, where, from the inmates being seen daily, and from other circumstances, the sequence of events can be better followed.

Formerly, in long voyages, it has not unfrequently happened that a salt diet, bad water, and confinement on board the ship, have produced in the men that state of blood which founds, upon the slightest local provocation, chronic ulcerations on the exterior of the body. Also, in addition to the exterior ulcerations, various forms of bowel complaint, diarrhœa, and chronic dysentery, have been present. With the crew in the e conditions, the ship has sailed into an unhealthy port, and some of the men have taken fever from the poisonous atmosphere of the shore. Here fever has arisen from the aërial source; but the symptoms, history, and termination of the fever will vary greatly in the different men; because the anatomical conditions in which they severally are when they enter upon fever are different. And when the aërial fever has run its course, or when its proper epoch of termination has arrived, we have seen men linger in fever, or seem to fall back—relapse—into fever. The reason is because the latent anatomical lesions, present before the aërial fever set in, have now, from the commotion of that fever, themselves become influential by giving indraught to morbid matter into the blood; in creating, not a continuation of the aërial fever, but another—the typhoid pyrexia, or fever. In such cases the patient no doubt relapses into fever; but he does not relapse into the same fever; it is into another and a different one.

"During seven months in 1831, eleven hundred and forty-five cases of fever were treated by me," says Dr. Perry, "to a termination. Of this number there were nineteen relapses, averaging one in sixty; and I was particularly struck with the fact that these relapses, almost altogether occurred in patients who had been admitted in hospital on account of some local inflammatory affection; and who had caught fever in the house, or who were seized with it shortly after leaving the house. The incorrectness of calling *these* cases of relapse, is quite manifest, as it was an entirely new disease. It is as absurd to talk of a relapse of typhus fever as to talk of a relapse of smallpox, scarlet fever, or measles. When an increase of fever takes place after the crisis of typhus, it is owing to some other disease."

Renewed accessions of fever after the crisis of typhus are regarded by Dr. Perry, and we think correctly, as analogous to renewed accessions of fever, after the crisis of scarlet fever, from disease of the kidneys, or from anatomical lesion in any other important organ. And generally, respecting the contagious fevers—scarlet fever, measles, smallpox, and typhus—it may be concluded of persons lingering in fever much beyond the natural periods of these fevers, that the fever of the latter part of the period is not the fever of the first part of it. It is thus, we apprehend, that persons are not unfrequently said to have scarlet fever and

typhus. That is to say, more correctly, the typhoid pyrexia, from some anatomical lesion giving inlet to morbid matter to the blood, may follow close upon the primary fever. And it is not difficult to understand that an aërial fever may, through anatomical lesions occasioned by that fever, *glide* into typhoid fever without any interval by which the term relapse is made appropriate.

Thus fevers may interchange, or the one may be supplanted by the other. For persons may be approaching, or have just entered the state of typhoid fever, when an aërial poison introduces and substitutes the dominating typhus. On the other hand, persons recovering from the aërial fever, typhus or scarlet fever, may, through anatomical lesions, lapse into typhoid fever; but for fevers thus to glide, or relapse, into one another, the *conditions précédentes* of both fevers must have been present.

"Great numbers of the sick," says Dr. Bryce, "admitted into hospital with scurvy, dysentery, and diarrhœa, were approaching, or had already symptoms of typhoid fever; when, upon being crowded together with others suffering from the true contagious typhus, that disease dominated all the rest." Our interpretation of the fact noticed by Dr. Bryce, is that irritation, or disorder of the corpuscles of the blood—denoted by symptoms of fever—arises from debasement of the plasma; but that, when an aëriform poison of specific qualities reaches them, in their passage through the lungs, a contagious abnormal metamorphosis of the corpuscles is substituted in place of simple irritation. Also, in contagious fever, when the abnormal metamorphosis of the corpuscles has run its course, irritation of the corpuscles may continue, if anatomical lesions, giving inlet to morbid matter, remain.

Hectic and typhoid fevers are, then, both of the reactionary class; for both arise from debasement of the plasma through absorption of morbid matter from anatomical lesions. But the site of the lesion and the quality of the matter absorbed, occasion important differences in the history and symptoms of the two fevers. Then, again, of the two fevers in puerperal women, the one is a reactionary or plasma fever; the other is a primary or specific fever.

It results, then, that anatomical lesions, giving inlet to morbid matter to the blood, exist prior to the appearance of the typhoid pyrexia, or typhoid fever; the quality of the matter absorbed distinguishing this pyrexia from hectic fever. Contagious typhus belongs to a different class of fevers. Nevertheless, the typhoid pyrexia may introduce the poison of typhus. The order of events then may be as follows: Hardships in diet, diarrhœa, the anatomical lesions of diarrhœa giving inlet to morbid matter to the blood, typhoid pyrexia, typhoid pyrexia generating the virus of a primary fever. On the other hand, the order may be: Aërial miasms, primary contagious fever, an anatomical lesion occasioned by that fever giving inlet to morbid matter to the blood, typhoid pyrexia.

We here give a tabulated view of these results, with the following explanation:—

Primary and generally aërial.	Specific and infectious.	Smallpox, scarlet fever, measles, typhus, etc.	Corpuscles of the blood diseased *before* distemperature of the plasma.
Reactionary or plasma fevers.	Hectic and non-infectious.	From diseased joints or bones, pulmonary consumption, and other chronic anatomical lesions, with bland discharges.	Corpuscles of the blood disordered or diseased in *consequence* of debasement of the plasma.
	Typhoid and mixed.	From anatomical lesions of the mucous membrane of the bowel; of the puerperal womb; from surgical wounds and other anatomical lesions, with fetid and ichorous discharges.	

In this table, the first column exhibits two classes of fever; and the last column shows how we consider them dependent upon the physical constitution of the blood, and upon properties usually assigned by physiologists to the corpuscles.

Injurious substances dissolved in the air and inhaled by the lungs, and specific poisons introduced in very small quantity into the blood, produce infectious or *contagious fevers*. A contagious virus is generated in the blood; and forms of inflammation follow upon the fever. The examples in this country are smallpox, scarlet fever, measles, and typhus. In these fevers, it is the *quality* and not the *quantity* of the poison which is operative. For the quantity, as in the inoculated poisons, may be *exceedingly small;* but its effects are great, by reason of some independent action excited

by it in the blood itself. This independent action, which extends through the whole mass of the blood, is, we say, the result of a contagion, contact-action, or fermentation amongst the blood-corpuscles; an *abnormal metamorphosis* which issues in the generation of a contagious virus. And the phenomena, because dependent on the vital action of cellular bodies—the blood corpuscles—have therefore *a crisis*, a more or less decided or marked epoch of rise, maturity, and decline. The rise, crisis, and decline of contagious fevers corroborates the conclusion which bases phenomena of fever upon the vital actions of cellular bodies.

Spoiled materials constantly ebbing back into the plasma from chronic anatomical lesions with *bland discharges* — such as diseased joints, protracted suppurations, pulmonary consumption, etc.—distemper the fluid of the blood; and reiterated or deuteropathic distemperature of the fluid disorders the corpuscles and produces *hectic fevers*. In these fevers, there is no evidence of that kind of independent action in the blood which issues in the generation of a contagious virus. They are non-infectious; therefore there is an absence of proof of any specific quality in the matter introduced into the blood. Hectic fevers, moreover, have no marked epochs of maturity and decline; and that the symptoms of fever depend upon the constancy and reiteration of the spoiled material seems proved; because they continue whilst the source of absorption continues, but disappear when it is removed, as it often can be, by amputation or by some other surgical operation. Hectic fever, then, depends on the permanence of the source of spoiled material; on a continuousness of absorption which debases the fluid, and, through the fluid, the corpuscles of the blood. Symptoms of fever follow from their disorder; but this disorder —if we may so speak—is one of constant fretting and irritation, from the constancy of the ebbing back of spoiled matter into the plasma. There is no independent action in the blood, such as issues in the generation of a contagious virus. Pathogenetical substances, then, introduced into the blood, occasion fever: by their quality, when a very small amount excites an independent action in the blood-corpuscles, which has its rise, maturity, and decline, and issues in the generation of an infectious virus; by quantity and reiteration, when continuousness of introduction occasions constancy of irritation amongst the corpuscles, denoted by hectic and non-infectious forms of fever, which decline and disappear when the source of morbid absorption is removed.

Interposed, as it were, between these two fevers—contagious and hectic—are *typhoid fevers* or *typhoid pyrexiæ*. These sometimes have the characters of the contagious, sometimes of hectic fever; because the forms and symptoms which these typhoid fevers may assume are determined sometimes by the quality, and sometimes by the constancy or reiteration of the morbid matter. In proportion as the quality is more offensive or specific—as when the source of absorption is hospital gangrene, ulceration of the mucous coat of the bowel, a surgical wound with an ichorous discharge, or the puerperal womb—the fever approaches in all its phenomena to the contagious forms of fever. On the other hand, the more the symptoms of fever depend upon reiteration of the morbid matter, as when the source of absorption is an anatomical lesion with a more bland discharge, then the more the phenomena observed in the patient approach to those of hectic fever.

There is no arbitrary assumption here, in arguing differences in the symptoms and phenomena of reactionary fevers from differences in the quality of the matter absorbed into the plasma of the blood from different conditions of anatomical lesions, or different states of ulceration. The fact of difference of quality in the matters discharged is demonstrated in surgical ulcers, some of which discharge a bland and laudable pus, others a thin, irritative, and fetid ichor. Nay, the same anatomical lesion or ulceration will differ in the quality of the matter discharged — and therefore in the quality of the matter which may be absorbed — on two consecutive days. It results, then, that if the corpuscles of the blood take on a general and independent action from a poison which may come into contact with only a few of them, an infectious or contagious virus is generated in the blood, and infectious or *contagious forms of fever* appear; whereas, if the corpuscles of blood suffer only constant irritation or fretting from the continuousness of the presence of an irritating matter in the plasma, a contagious virus is not generated, but *non infectious* or *hectic* forms of fever arise. The contagious or primary, and the reac-

tionary or hectic, are the two classes of fever which we conclude to be dependent upon the physical constitution of the blood. In the one class, the corpuscles are disordered, irrespectively of the fluid in which they swim. In the other class, debasement of the fluid is antecedent to disorder in the corpuscles. But the two parts of the blood are much too closely associated with each other, for impairment of the quality of one part to continue without impairment of the qualities of the other part. Therefore fever of the one class may glide or relapse into fever of the other class. And it would seem, from the physiology of the corpuscles, that contagious fevers from aërial poisons must relapse into fever from debasement of the plasma, were it not so ordered that forms of inflammation perform the office of a depurating organ. The corpuscles of the blood generate the contagious virus, and they transfer it to the plasma; and should the specific form of inflammation characterizing the fever fail of fixing it in the common tissue, symptoms of fever are renewed.

The same poisonous atmosphere may be breathed for the same time by a number of persons, and it will produce fever only in a few of them; because the corpuscles of the blood have different degrees of resistance in different persons. A poison in the atmosphere is a *condition précédente;* it is not the logical *antecedent* of contagious fever. Some physiological element of the body must be disturbed, or must be interposed between the aërial poison and symptoms of fever. This physiological element we have concluded to be the corpuscles of the blood.

In like manner, it is not every distemperature of the fluid of the blood that occasions hectic fever. On the contrary, the first effect of simple distemperature of the fluid of the blood is to occasion new, or to aggravate existing forms of inflammation. It is only when the cause of the dyscrasy of the fluid is permanent and has overcome the resistance of the corpuscles, that symptoms of hectic fever appear. Anatomical lesions (ulceration and suppuration) have therefore only the same relation to hectic fever, that poisons in the air have to contagious fever. They are *conditions précédentes*, and not the antecedents of the fever. Extensive ulcerations and suppurations exist without hectic fever, because the anatomical lesions must have become continuous inlets of spoiled material to the blood, and the fluid of the blood must be thereby continuously debased before symptoms of hectic fever appear.

It has not unfrequently happened that persons in dissecting the dead body or in necroscopic inspections have pricked their finger; of such many escape without inconvenience, whilst another, more unfortunate, may be attacked with fever; and recover only after extensive inflammations and more than one large critical abscess. The reason is because the puncture, or anatomical lesion, is only a *condition précédente.* A contagious disorder amongst the blood-corpuscles is the proper antecedent of fever; and distemperature of the fluid of the blood is the proper antecedent of inflammation and critical discharge. Fever from the puncture, therefore, does not arise unless the blood-corpuscles be affected.

So, again, anatomical lesion, or follicular disease of the mucous membrane of the bowel, is a *condition précédente*, and not the *antecedent* of typhoid fever. A great number of persons may be suffering hardships, and may be afflicted with chronic dysentery and diarrhœa, or with follicular disease of the mucous membrane of the bowel; but only a very few of them may fall into typhoid fever; and these may not be those with the worst, or most extensive anatomical lesions. The reason is because the state of fever does not depend upon the anatomical lesions in the manner of an antecedent. Symptoms of fever make their appearance only when the lesions are giving inlet to morbid matter into the blood, which, either by quality, or frequency of iteration, disorders or irritates the blood-corpuscles.

It will be observed of this exposition that the *condition précédente* of fever, occasioned through miasms in the atmosphere, is external to, and apart from the body. A poison from the air affects the blood (the corpuscles) and fever is actually the first phenomenon of departure from health; whereas in reactionary fevers the *condition précédente* is within, or is a part of the body. Some anatomical lesion, and an irritative matter in the plasma, exist before, or are preliminary to symptoms of fever. A departure from the standard of health has therefore already occurred before; but, perhaps, without symptoms until the typhoid pyrexia appears.

In bringing our discourse upon a very

difficult and interesting subject to an end, we have only in conclusion to observe that the doctrine of fever we have propounded is based on the physiological and physical constitution of the blood; on the known properties of cellular bodies; and on microscopical examinations of the state of the plasma and bloodvessels in the process of repair and inflammation. The chief points of the doctrine are:—

The fluid of the blood has a pathology distinct from that of the corpuscles.

Forms of inflammation, or of local poisoning without fever, make their appearance when there is dyscrasy of the fluid only; forms of fever when the corpuscles are disordered.

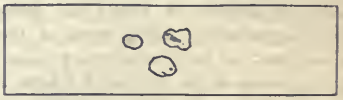
These points are submitted to your learned judgment and impartial criticism, as propositions; though, to our mind, they assume the aspect of truths, derived, as they are, from years of experiment and research upon the qualities of blood, and of the elements of repair and inflammation.

Upon the whole subject, the ideas we have endeavoured to express are, that numerous and various substances may circulate through the body dissolved in the fluid of the blood; and that the cellular elements of the body (including the corpuscles of the blood) have various affinities, and oppose various degrees of resistance to injurious matter. Therefore, if from distemperature of the fluid the common tissue be first disturbed, forms of inflammation first arise; if some local parenchyma be disturbed, the phenomena are those of local poisoning, delirium, coma, diuresis, purging, sweating, salivation etc.; if the corpuscles of the blood be first disordered, fever is the result.

APPENDIX.

Experiment II, mentioned in our second lecture, refers to appearances of such a novel and remarkable kind, that we think the details, upon which success in repeating it depends, should be given:—

A glass tube, one-tenth of an inch in bore, drawn out to a point, is used for a pipette. Dissolve two grains of common salt and one grain of carbonate of soda in half an ounce of water. This forms a solution which may or not be used with sherry wine. Take a slip of glass, and receive on it a drop of fresh blood. Place, by means of the pipette, beside the blood, but not touching it, a drop of the saline solution and a drop of sherry wine, thus:—



Let fall a thin piece of glass upon the fluid and they will mingle in various proportions. A good eighth object glass is required; we use a middle eye-piece; and it is essential to see the tails, etc., that the edge or circumference of the mixed fluids should be looked at, and not the middle of the mass. We have made the experiment, with and without the saline solution, numberless times; and though never failing to produce tailed forms in some part or other of the mixed fluids, still we find it impossible to foretell what set of appearances will prevail *within* the corpuscles. Some one or other of the following forms will, however, be seen. Half an hour or more should be given for the best effects.

The way in which the wine and the saline solution take off all disposition of the corpuscles to adhere in rolls; the various prickly appearances which some of them assume; and the innumerable very different markings seen in the interior of others, are scarcely of less interest than the tails. Opinions may vary as to the nature of the motions seen in the tails. If there be motion in the fluid, the tails are of course influenced by it; nevertheless, there is a constant wavy movement, which seems independent of all motion in the fluid.

Where the undiluted wine has acted upon the corpuscles they are entirely deprived of their colouring matter, and a minute molecular matter floats in the surrounding fluid without molecular motion; but, where the wine is acting and producing tails, numerous and variously sized molecules are thrown off from the corpuscles; and these all have an intense molecular movement. The change which the fluid undergoes in consequence is well worthy of especial notice.—*British Medical Journal*, May 28 and June 4 and 11th, 1859.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Silver Wires in Hydrocele.—We have previously referred to the subject of the treatment of hydrocele by the passage of wires through the sac, which plan of radical cure has proved successful in several cases under Mr. Pollock's care, at St. George's Hospital. On the 12th of August, he tapped a very large hydrocele of the right side in an elderly man, and withdrew about thirty ounces of fluid, containing a large proportion of cholesterine. A needle and wire were then passed through the canula and out of the sac. The canula being withdrawn, the wire was then tied, and thus formed a seton. A second case of hydrocele of the right side was likewise tapped, six ounces of fluid evacuated, and the same process adopted of introducing a wire seton.

These two made the fourth and fifth cases thus treated, and with success. The first instance was an example of encysted hydrocele of the cord, five months ago, the patient being in the hospital a week. No irritation was caused by the wire, but it produced an amount of consolidation of the parts sufficient to obliterate the cyst. The second and third cases were those of ordinary hydrocele. In these, however, there was not the same power of bearing the wire, and it had to be removed in forty-eight hours; in one it nearly produced suppuration, but at the same time the sac in each was obliterated.

Mr. Pollock considers the advantage of using the wire seton to be, that the patient suffers much less pain than when the sac is injected with iodine; in other respects, the results are about the same.—*Lancet*, Sept. 10, 1859.

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Rupture of the Muscular Fibres of the Biceps Humeri.—A very curious phenomenon is the subcutaneous rupture of muscles and tendons, not produced by external violence, but by the contraction of the particular muscle to which the tendon belongs. The tendons are more commonly ruptured than the muscles; thus Sédillot found the former torn in 13 out of 21 cases, whilst in the remaining 8, the muscle was torn across. A countryman, sixty-five years of age, was admitted on the 18th of July into University College Hospital, with a rupture of the fibres of the right biceps humeri muscle, which took place five days before, when endeavouring to lift a calf on to a cart. The part of the muscle ruptured is that in connection with the long head of the biceps, and forms a prominent and hard tumour at the lower part of the arm. But immediately above the swelling is a great hollow or pit, and at its inner side the fibres of the other part of the muscle, arising from its short head, are felt entire. The force producing rupture, therefore, was exerted principally through the long head

of the muscle. At the moment of the rupture, the patient felt a sudden shock, as if he had received a blow. His arm has remained comparatively powerless ever since, although he can still flex it; some pain is present in the shoulder, arising, doubtless, from the tendon of the long head. The physical strength of the patient would seem to be perfect, but he has the aspect of fatty disintegration of issue, although by no means corpulent.—*Ibid.*

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The early Removal of Glossal Cancers.—When a malignant growth upon some part of the tongue has not only increased in size, but has become, perhaps, extensively ulcerated, the difficulty of complete removal is at once apparent, and we most commonly have recourse to other measures, which, sometimes, although rarely, may prove curative. The powdered sulphate of copper, as locally used by Dr. Marsden at the Cancer Hospital, has actually healed up ulcerated cancers of this organ—a fact of considerable importance. On the other hand, when a tumour is present on the side or anterior part of the tongue, and has only just commenced to ulcerate, if removed by the knife. possibly the patient may enjoy a complete immunity from the disease. Such a case came under notice on the 2d of August at Guy's Hospital, in the person of a woman seventy-seven years of age. A tumour of the size of a small chestnut appeared on the left side of the tongue, rather upon its anterior surface, had been slowly growing for six or seven months, and had commenced to ulcerate on its surface, the ulceration partaking of the usual character of epithelioma. It was excised by Mr. Hilton with a scalpel, and was not attended with any bleeding of consequence, although one small vessel required tying. The patient is doing very well, and the wound has healed. Early and complete extirpation of epithelioma, before any of the neighbouring lymphatics have become affected, offers, we think, as good a chance of non-recurrence in the tongue as in almost any other part of the body.—*Lancet*, Oct. 1, 1859.

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Simple Extension in Contraction from Burns.—We lately had the opportunity of observing the treatment of a case of deformity arising from an old burn in a little boy, nine years of age, under Mr. Coote's care at St. Bartholomew's Hospital, which is worthy of notice. It is a plan in use, we believe, at the Orthopædic Hospital, and consists in the proper application of simple extension, perseveringly carried out. The boy was admitted on the 7th of April, with his lips and mouth drawn downwards from a burn in the neck when an infant. The cicatrix possessed the usual characters of hardness and thickening. By suitable appliances the head and chin were kept extended, with the effect of bringing back the lower lips and jaw to their natural position, and getting rid of the extreme deformity which had heretofore existed. The mouth can now be closed.

The effect of extension is to cause the absorption of the adventitious material present in the cicatrix, and thus permit the latter not only to become soft and extended, but permanently to remain so.—*Lancet*, Aug. 13, 1859.

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A Vitreous Foreign Body successfully removed.—A popular notion prevails that wounds produced by contact with glass are of a very festering character, and that when portions of that substance remain lodged the danger becomes very much increased. In small wounds of the fingers and hands, wherein minute fragments of vitreous substances sometimes get forced in, much swelling and inflammation will occasionally ensue from the irritation which they cause; but, as a rule, glass cannot be said to be a greater irritant than many other foreign bodies. As a proof of this we cannot do better than refer to the case of a young man, at the present time in St. George's Hospital, who eight weeks ago was hurt by a skylight falling upon him, a portion of the thick splintered glass entering his right loin, as we understood, and subsequently passing down into the back of his thigh. A loose body could be very distinctly felt amongst the muscles in that part; and, after chloroform had been administered, an incision was made by Mr. H. C. Johnson over the projecting end, and a piece of thick glass, between four and five inches long and three-quarters of an inch wide, was with drawn by the aid of a pair of forceps. This body had thus been lodged there for some weeks, yet the amount of irritation produced by its presence seemed comparatively trifling. The patient is doing well.—*Ibid.*

A Large Nutritious Artery of Bone.—If the student refer to almost any work on anatomy or physiology, he will find that scarcely a sentence is devoted to the consideration of the nutritious arteries of bone, beyond the mere mention of the locality of the nutritious foramina themselves. An examination of Mr. Quain's great work on the Arteries will equally disappoint him. It is to the very small, although not the less important, bloodvessels, which enter the minute foramina found on the outer surface of bone, that the growth, development, and nutrition of the osseous system depend. When a leg is amputated and a bone sawn across, there may be a little vascular oozing from the osseous section, particularly if there has been much irritative disease around it. We see this frequently when slices are removed from the articulating surfaces of joints. More rarely do we witness the pumping of blood from a distinct arterial trunk in the medullary canal itself. Such a peculiarity, however, in which the medullary artery was derived no doubt from the nutritious vessel, was seen at the Charing-cross Hospital on the 18th June. The left thigh of a young man, aged nineteen, a seaman, was amputated at its upper third by Mr. Canton for general necrosis of the entire tibia, with disease extending to the knee-joint, of a year's duration. When the leg was removed, a distinct pumping of blood took place from a rather large vessel, which could be distinctly seen in the medullary canal. It was as large as one of the interosseous branches of the radial artery given off in the palm of the hand, and of course could not be tied. Bleeding was arrested by applying a small plug of lint, which afterwards came away when the stump was nearly healed. The presence of a large nutritious artery in such a situation is a circumstance of much interest to both the physiologist and the surgeon.—*Ibid.*

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A Tamarind-Stone lodged in the Windpipe of a Child; Expulsion after the Operation of Tracheotomy.—In the interesting case which follows, it is most probable that the small tamarind-stone was lodged in the right bronchus, from the fact of its being expelled on coughing, from below the opening made in the trachea. There was not any visible change in the respiration of the two sides, and this would lead us to infer that complete obliteration of one of the bronchial tubes had not ensued, which partly accounts for the rapid expulsion of the stone when the trachea was freely laid open.

Of the various substances which have entered the windpipe, writers mention cherry, plum, and tamarind stones, natural and artificial teeth, fragments of bone, pieces of flint, food, nuts and nutshells, coins, buttons, shot, grass, beans and seeds, pieces of nutmeg, crumbs of bread, nails, &c. The symptoms of chest disease will vary according to the time the foreign body remains in the lungs, which may sometimes be for years, but they are usually those of chronic irritation of the lung.

William S———, a handsome-looking boy five years of age, was admitted into Lucas ward, St. Bartholomew's Hospital, under the care of Mr. Skey, on the evening of July 14th, with the following history: He had been playing with other children up to within twenty minutes of his admission, and had been up to that time in perfect health. Suddenly the mother's attention was drawn to the child by reason of its cries, and he seemed to be on the point of suffocation. It appeared that the children had had some tamarinds given them a little while previously; and the mother, believing that the symptoms were due to the presence of one of the tamarind-stones in the windpipe, turned the child with its head downwards, in the hope that the foreign body might fall out. This hope, however, was not gratified, and she at once sent the child off to the hospital. At the time of admission the condition of the patient was as follows: He was sitting up in his father's arms; the expression of his face was extremely anxious, but there was no lividity or duskiness of the face or lips. The extremities were quite warm. Respiration hurried; inspiration stridulous; cough ringing and metallic; in fact, the breathing and the cough resembled those heard in croup. The symptoms would now and then become less severe; and the child would fall back in a doze, again to be awakened after a few minutes by another paroxysm. Nothing could be detected in the pharynx by the finger. Air entered freely into the chest, and no difference whatever could be detected between the respiratory sounds on the two sides; and no information could be obtained as to the locality of the foreign body.

Operation an hour and a half after the accident.—The child was placed under the influence of chloroform, without exciting the least irritation in the trachea. The first incision was made rather long, extending from immediately below the cricoid cartilage to the sternum. On dissecting down to the surface of the trachea, some bleeding occurred. It was not considerable, but was sufficiently great to preclude any immediate attempt to open the air-tube. Mr. Skey therefore desisted for some minutes, during which the bleeding ceased. The trachea was then opened to nearly the whole length of the outer wound, and a pair of curved forceps introduced downwards towards the chest, and also in the opposite direction, without success. The edges of the wound in the trachea were then separated as widely as possible by means of a pair of sharp hooks, and shortly afterwards a sudden cough discharged the tamarind-stone with some force through the wound. The operation being satisfactorily completed, the extremities of the outer wound were approximated by means of plaster, the centre being left free. After the operation, Mr. Skey made the following observations:—

"Tracheotomy is an operation not very readily performed, and still less so when it is required to open the trachea low down in a child by gas-light. It is not always easy to hit the exact line of interval between the sterno-thyroid muscles, and this can only be effected by dissecting quite vertically from the surface on which the outer wound occupies exactly the mesial line. When exposed, the trachea should be opened freely, without regard to the thyroid isthmus. Unless time be an object of consideration (and it is rarely so urgent as to require the operation to be hastily completed), any reasonable number of minutes may be devoted to the entire arrest of bleeding. The size of the aperture in the trachea will depend on the motive dictating the operation. If for the escape of a foreign body such as a plum or a tamarind-stone, the opening should be large—in truth, as large as it can be made in a child of five years of age. In the case of this boy (as well as in that of a child operated on by Mr. Paget last year, who adopted my suggestion of considerably lengthening his incision in the trachea), the opening was very large, extending, I believe, through at least five or six rings of the tube. I doubt the expediency of the attempt to remove the offending body by means of forceps of any description yet invented. Preferable is it to await the return of cough, which, in the act of expiration, will inevitably carry the foreign body with the current of air through the larger and the nearer orifice in preference to the smaller and more remote. Inasmuch as we are supposed to be acquainted with the nature, and therefore can form a tolerably accurate idea of the size, of the foreign body, we can in some measure judge of the magnitude of the opening required for its escape. I am not aware of any great increase of danger or difficulty created by the division of a greater over a less number of rings, or, in other words, in making a large opening instead of a small one.

"The success of an operation of this kind is much dependent on the skilful co-operation of the assistant. In the above case, the edges of the wound in the trachea were held widely asunder by Mr. Savory; and when we consider the peculiar structure of the trachea, the importance of this duty must be obvious. In the recorded case of Mr. Paget, the same part of the operation devolved on me, and at the moment of escape of the foreign body, I was engaged in the act of dilating the opening in the trachea to the fullest extent it was susceptible of. I felt myself indebted to Mr. Cavory for his very efficient co-operation, upon which the success of the operation so largely depended."

July 15th. The boy has passed an extremely good night; skin pungently hot, and dry; respiration, 40 per minute; inspiration seems to take place entirely through the larynx, but expiration partly through the wound and partly through the larynx; pulse 140; tongue coated with a moist, whitish fur; the subcutaneous tissue over the right pectoral muscle is emphysematous; no morbid sounds in the chest. To have one-twelfth of a grain of tartar emetic, with half a drachm of simple syrup, in a drachm and a half of water, every second hour.

16th. The child is much better; the skin moist, and cooler than it was; respiration only 24 per minute, and no air passes through the wound, except when the child breathes very deeply or coughs; pulse 140; wound looking healthy; no morbid sounds in the chest; the emphysema has not extended; the bowels acted last night. To

leave off the antimonial draught, and to have half an ounce of the tartrate of soda mixture every four hours.

17th. The child is now sitting up in bed, playing with his toys; the wound is granulating up. To have a couple of eggs, milk, and beef-tea; also, twenty minims of the liquor of cinchona, and ten minims of the aromatic spirits of ammonia, in half an ounce of water, three times a day.—*Lancet*, Aug. 13, 1859.

CLINICAL LECTURES.

Practical Clinical Remarks on Acute Periostitis. Delivered at the London Hospital by T. B. CURLING, Esq., Surgeon to the Hospital.

GENTLEMEN: There are few operations more frequently performed in the hospitals of London than those required for the removal of necrosed bone, and they are certainly more common now than they were in former years. The results show that these operations are essentially of a conservative character—that tedious sinuses, always discharging and liable to inflame, have been enabled to close, and that useful limbs have been saved by the removal of a constant source of irritation. These operations have become more frequent, then, because surgeons have become more strongly impressed with the advantage of extracting locked-up or impacted dead bone—have become less afraid of ill consequences from the necessary disturbance of parts, and have been emboldened to undertake tedious and troublesome operations, knowing that they can be rendered painless by chloroform. Our museums are rich in specimens of encased bone taken from amputated limbs; but such preparations are rarely added now, because it is seldom that a limb is removed for such a disease until the attempt to save it has been made by extracting the incarcerated bone. But so numerous are cases of necrosis in hospital practice that it is well to inquire whether we cannot, in many instances, prevent this serious result. The more common cause of necrosis in the long bones is acute periostitis, consequent upon injury, and the two following examples will illustrate the nature of this affection, and the mischief which results from the neglect of early and decisive treatment. The particulars of the first case are taken from the notes of the dresser, Mr. Michell.

CASE 1. *Acute periostitis of the femur, followed by a small necrosis.*—Martha L——, a servant-girl, aged fourteen, was admitted into this hospital Oct. 27th, 1858. She stated that on the 23d she was carrying a pitcher of water up some steps, when, owing to impaired vision consequent on nebulæ on the cornea after smallpox, she slipped and sprained her right knee. She slept but little that night, and next day was hot and feverish and unable to stand. The pain gradually became so acute that she could not bear to move her limb, and she continued to get worse until the period of her admission. At this time she had all the symptoms of acute sympathetic fever. The right lower extremity was much swollen, and she cried out with pain when the slightest pressure was made in the course of the femur, especially at its lower part. On the 28th I saw the patient for the first time. She had passed a sleepless night, and her symptoms were those above described. I could detect no fluctuation over the femur, but I at once determined to make an incision down to the bone at its lower and outer part. The integuments and vastus externus muscle were cut through, and the periosteum freely divided, when a small quantity of pus escaped, and it was ascertained by the finger that the membrane was detached from the bone. But little blood was lost. Pressure with a sponge was maintained for two hours, to prevent hemorrhage, and a poultice was afterwards applied. She felt greatly relieved by the operation, and slept well the night afterwards. The febrile symptoms subsided quickly, and, supported with a generous diet, she soon regained her health. The wound, after discharging pus for a few days, gradually filled up, till at length only a small sinus was left. It was ascertained, on examination with a probe, that a small portion of the femur was denuded; but, as she was able to get about, she was discharged March 10th, 1859, and directed, if the wound remained unclosed, to apply again for admission in three months' time.

She was readmitted in the May following. She was then in good health, had grown stout, and the muscles of the thigh were well developed. There was a sinus furnishing a slight discharge, and a probe passed down to the femur seemed to enter

an aperture and to grate against dead bone. On the 26th I cut down to the bone, chiselled away a small portion, so as to enlarge the aperture, and extracted two small pieces of dead bone from the interior. There was no bleeding of any moment. The wound afterwards closed up readily. She was discharged July 18th, the sinus being nearly healed.

The notes of the next case are furnished by the dresser, Mr. Welch.

Case 2. *Acute periostitis of the tibia, followed by extensive necrosis.*—Mary Ann C——, aged fifteen, a girl of strumous appearance, but who had generally enjoyed good health, was admitted into the hospital on Feb. 14th, 1859. She stated that she had struck her left leg rather severely four days previously, since which it had become swollen, and excessively painful. Fomentations were ordered by the house-surgeon, and I saw her for the first time on the 17th. She was suffering from high constitutional fever. Her pulse was 200; indeed it could scarcely be counted; her tongue being dry and furred, and her cheeks flushed. She had no appetite whatever, and had not slept a minute for two nights. Her leg and ankle were greatly swollen and red in patches. There were great tension and extreme tenderness in the direction of the tibia. I at once made a long and free incision over the bone, when a large quantity of pus immediately escaped with considerable force. The finger passed into the wound, came in contact with the tibia extensively denuded. She was greatly relieved by the incision, and the fever subsided rapidly afterwards. Abscesses, attended with a good deal of suffering and constitutional disturbance, formed subsequently over both malleoli. They were opened, and found to be connected with the bone. Her health became so much impaired, and her strength so reduced, and there was so much swelling above the ankle, with indications of the joint being affected, that amputation seemed to be called for. I had her placed, however, under the influence of chloroform, and then, on careful examination, finding the ligaments tolerably firm, and being unable to detect any crepitus, I determined to watch the case a little longer. Some improvement was shortly manifested, though her recovery was retarded by the formation of another abscess over the internal malleolus, which was also opened. The improvement afterwards continued, and by the end of March, under tonics and a generous diet, the patient's strength was greatly restored. The wounds closed up a good deal, leaving numerous sinuses leading down to dead bone, with healthy granulations. The head of the tibia appeared to have retained its healthy state, but the rest of the bone gradually became greatly enlarged, the thickening extending to the inner malleolus.

June 30th.—I laid open some of the sinuses, chiselled away a quantity of soft new bone, and removed several pieces of dead bone. The necrosis was irregular, consisting, in some places, of a thin scale from the surface; in others, of nearly the whole thickness of the tibia encased in new bone, and in some places of small portions of the interior inclosed in the original bone, thickened, and soft in texture. One of the latter was extracted quite from the lower end of the tibia, and this communicated with the sinus over the internal malleolus. Since this operation the patient has gone on extremely well. Her general health has improved; the sinus over the malleolus has closed up; the enlargement of the tibia has subsided, and the large wound has steadily healed up.

When we consider that the whole, or greater part, of a bone may be destroyed by acute periostitis—that the inflammation may extend to the adjoining articulations, imperilling the safety of a limb, and that patients sometimes sink under the constitutional fever attending it, I need not urge the importance of an early diagnosis of the disease, in order that right and prompt measures may be taken for its removal. The complaint for which acute periostitis is most liable to be mistaken is acute rheumatism; and it is a mistake which, I fear, is not unfrequently made in practice. Indeed, some care and nice observation are required to make the diagnosis. In rheumatism, as in periostitis, there is high inflammatory fever, with swelling of the limb, and great pain, increased by pressure, so that the patient is nearly helpless, and he shrinks from the touch of the surgeon, in dread of the torture which an examination may cause him. In periostitis, say of the femur or tibia, the swelling is diffused. It is not limited to the larger joints—to the ankle or to the knee, but occupies a wider range, and is œdematous in character. But

the chief diagnostic mark is the seat of pain. In periostitis little or no pain is caused by pressure, unless it be made over, or in the course of the affected bone. You may, in the early stage, move the limb at the knee or the ankle, and press the ligaments and tendons without producing pain, but the slightest pressure on the bone excites intense suffering. If you press over the tibia or the muscles of the thigh around the femur in rheumatism, you rarely cause much pain; but in acute periostitis such pressure cannot be tolerated for a moment. The conclusion in favour of periostitis will be much strengthened if it be found, as in the cases just related, that the attack of inflammation succeeded an injury.

The treatment commonly recommended in acute periostitis is local depletion with calomel and opium. Just at the onset of an attack, in a superficial bone like the tibia, this treatment may be of service, but in periostitis of a deep-seated bone, or if the inflammation do not speedily subside, such measures are not to be relied on. After matter has formed beneath the membrane they are worse than useless. They weaken the patient without exerting any influence on the disease. There is then no way of averting serious mischief but by a free incision of the inflamed periosteum. Some of you evinced surprise when, in the case of L——, on my first visit to the patient, though no fluctuation was perceptible, I determined at once to cut boldly through the thick vastus externus muscle down on the femur. There was, indeed, no other mode of preserving the bone. I was satisfied, after inquiring into the history of the case, and a careful examination of the limb, that the periosteum of the femur was acutely inflamed, and the incision revealed the presence of a small quantity of pus confined beneath it. The membrane was partially detached, and in a few hours extensive mischief would have ensued. This was arrested by the incision, and the almost immediate cessation of suffering, the rapid subsidence of the inflammatory fever, and the speedy restoration to health, were the satisfactory results of this decisive treatment. What would have been the condition of the patient had the operation been delayed, may be learned from the second case. I did not see C—— until after a large suppuration had taken place. The periosteum was extensively detached, and so distended by the pus effused beneath it, that when an opening was made, the matter gushed out with force over my clothes. In the first case, notwithstanding the early relief by an incision, slight death of bone ensued; but in the second case the necrosis was very extensive, and the inflammation having affected the cancellous tissue in the lower end of the tibia, the ankle-joint became at one time in jeopardy. Additional incisions were required, and under this treatment the urgent symptoms at length subsided, the inflammation in the periosteum and bone, and the necrosis, ceased to extend, the work of restoration was set up, and the case had a favourable issue.—*Lancet*, Sept. 3, 1859.

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Practical Clinical Remarks on Surgical Openings into the Knee-Joint. Delivered at the London Hospital. By JOHN ADAMS, Esq., Surgeon to the Hospital.—Gentlemen: I avail myself of the fact, that I have lately had under my care in the hospital four cases in which I have thought it necessary to open the knee-joint, to bring the subject of suppuration of this joint before you; and the first question which suggests itself to us is this: Is it desirable, or necessary, to open by incision so large and complicated a joint as that of the knee? And this question suggests itself because you have been taught, and the teaching is correct, that an opening into a joint is a very serious affair, and ought not to be undertaken without very careful consideration of all the circumstances attending the case.

Some years ago a man was brought into this hospital who had been bitten in the knee by a tiger. There was no doubt that the joint was penetrated by the tooth of the animal, as the usual sign of penetration was present—namely, the escape of synovia. The case was treated in the ordinary antiphlogistic manner, but suppuration occurred, with great constitutional excitement and irritative fever, and the limb was amputated. The man speedily succumbed. Matter was found distending the joint. Now I have no hesitation in stating that the practice in this case was bad, and that instead of the amputation, a free incision ought to have been made into the knee-joint to give exit to the matter. It is, however, probable that under any circumstances, the patient would have sunk, as the articular cartilages were wholly destroyed, and am-

putation would still, probably, have been resorted to.

I was requested by the surgeon who had attended the last case, to meet him in consultation on the case of an old gentleman, who had a considerable collection of fluid in the knee-joint. There appeared but little doubt that suppuration had taken place, and it became a question, whether it ought not to be opened. A free incision was made into it, and a large quantity of matter was let out. The joint was strapped and bandaged, and the matter did not re-accumulate, but in a fortnight the joint became completely anchylosed. The old gentleman sank, however, from internal disease, and no examination was permitted.

These two cases are not parallel, but the last illustrates the position, that an opening into the knee-joint, for the evacuation of matter, is necessary, and may be made not only with impunity, but with great advantage.

Let me now direct your attention to the cases you have witnessed yourselves, and point out to you the circumstances leading to the necessity of free incisions into the knee-joint. The four cases are all different in many very important respects. The first is that of a man of about forty-five years of age, who was admitted into the hospital in consequence of a compound fracture of the patella, which necessarily caused an opening into the knee-joint. The treatment pursued in the onset of this case was, in my opinion, quite judicious, as a laudable attempt to save the limb was made; and, the parts being accurately adjusted, the limb was kept in an extended position, and the usual antiphlogistic means being had recourse to, the wound over the patella soon healed. But the case did not progress satisfactorily; for, inflammation occurring, abscesses formed in various directions, some superficial and others very deep, so that I was compelled to cut through the muscles of the calf to remove some dead fascia which kept up the discharge. After this, pus formed in the interior of the knee joint, and I was compelled to make incisions on either side of the patella at different times, to give exit to the matter. After struggling on for a length of time, anchylosis of the knee took place, at an angle certainly not quite convenient for freedom of progression; but I hope the limb will eventually become useful, as all discharge has ceased for a considerable time.

The next is the case of a man, aged about sixty, who was admitted in consequence of some obscure inflammation of the leg after an injury. The case was progressing favourably, when a deep-seated swelling formed in the ham, and, after a few days, deep fluctuation was detected, which led me to make a very cautious opening, through which a large quantity of pus was evacuated. The opening was enlarged, and it was found that the matter came from between the heads of the gastrocnemius externus, and close to the large bloodvessels in the popliteal space at the back of the posterior ligament of Winslow. Nothing untoward happened for some days, when the abscess ceased to discharge, and the knee-joint began to swell. The swelling increased day by day, and evidently indicated suppuration in the knee-joint. Now this was very remarkable, because it appeared as if the matter had made its way from the popliteal space into the interior of the joint through the posterior ligament; at least, it appeared so to me. However, severe constitutional irritation occurred, and it became requisite, from the tension of the joint, to do something for the patient's relief. I had some idea of amputating the limb, but it was determined, at a consultation with one of my colleagues, to make an attempt to save the limb, and, to effect this, to make a free incision into the joint. I therefore opened the joint, first on the inside, and, at an interval of ten days or a fortnight, on the outside, and gave exit to a large quantity of sero-purulent fluid on both occasions. The man has struggled through, with a constitution evidently damaged by hard living and severe labour, and is progressing favourably now; but the opening still remains patent on the outside of the knee, and the fungous nature of the granulations points at some deep-seated disease, probably of the bone itself. I cannot speak very favourably of the case, but I think enough has occurred to show me that, if his constitution were sound, he would make a fair recovery, with an anchylosed joint. I have now directed him to be sent into the country for the benefit of his health. The case is remarkable, from the peculiar course which the abscess appeared to take, having made its way from the popliteal space into the joint itself. I feel satisfied in my own mind that amputation of the thigh would have been attended with a fatal

result, from the defect in the man's constitution; and, therefore, although the cure is as yet imperfect, I am under the impression that no other treatment could feasibly have been adopted than the one I pursued; at any rate, it proves that you can open the knee-joint without destroying life or limb.

The third case is one of a lad about twelve or thirteen years old, who was admitted in a very advanced stage of low fever. He had also considerable swelling of the left leg, consequent on inflammation of the subcutaneous cellular tissue. A large abscess formed over the head of the tibia, which I opened. After this, matter formed very deeply along the outside of the knee-joint, and this I opened. Soon afterwards the joint itself became much swollen and painful, and was tense with fluid. I suspected matter in the joint, and made a free incision into it. I found a large collection of pus, and the articular cartilages extensively eroded. I could not advise amputation, as he was still labouring under symptoms of low typhus fever; and he sank, after a few days, with signs of general pyæmia.

In this case it was apparent from the beginning that no operation was advisable except that of opening the joint to give exit to the matter. It is of no use amputating in such cases, as the constitutional disease (probably the cause, rather than the result, of the local mischief) could not be benefited by so violent a procedure. And I cannot help thinking that operations performed under such conditions, fatal as they always are, bring discredit upon surgery, inasmuch as they are always and unexceptionally attended with the loss of life.

Now, the last case of this series to which I shall direct attention is one now under treatment, and is that of a man whose limb I amputated in consequence of extensive injury to the ankle-joint. The case is interesting as showing how much the constitution can bear under very unfavourable circumstances, and under a most complicated series of affections. The man's condition has been no doubt materially injured by a habit he acquired in China of eating opium to a large extent.

He was admitted three or four months ago in consequence of extensive injury to the left ankle from the falling of a heavy weight on his leg and foot, by which he sustained a fracture of the tibia above the malleolus; and the fracture being exposed, it may be termed a compound fracture. Sloughing of the skin over the inside of the leg and ankle laid bare a large portion of the tibia, which protruded to a great extent, being detached from the lower fragment, which remained in connection with the astragalus; this, however, becoming subsequently detached, was removed by the dresser. About four inches of the protruding tibia was dead; the consequence was that extensive suppuration was going on, and there was no possibility of repairing the mischief without amputating the leg or removing the dead bone. On consultation, it was determined to saw off the dead bone. There was no difficulty in doing this; and there appeared to be a fair prospect of success, as granulations of a very healthy character shot up from every part of the exposed surface. However, after three or four weeks, the man got materially worse, and the granulations assumed an unhealthy aspect, and, as his constitution seemed evidently suffering from the long-continued drain, I thought it right to amputate below the knee. The operation was performed very high, just below the knee, on the principle advised by Mr. Teale in amputation of the thigh. The skin of the upper surface of the stump sloughed to a slight extent. During the progress of the case, hemorrhage to an alarming degree occurred from the popliteal artery, and this was secured by Mr. Ward, who laid open the stump to reach it. His progress was satisfactory until inflammation attacked the knee-joint, and a large quantity of fluid was poured out, and which presented itself towards the inner side, as is usually the case. I opened this freely, and let out a large quantity of sero purulent fluid, by which the patient was relieved. The only additional circumstance I need mention in this case, is the fact that, the opening on the inside of the knee becoming closed, a large abscess has formed in the bursa beneath the tendon of the rectus, which frequently communicates with the joint itself. There is every prospect of cure.

Thus, you perceive, that at the same time I have had four cases under my care, in which I have thought it advisable to open the knee-joint. And I may ask the simple question, why should you fear to open this joint? You may be quite certain of this, that where suppuration has taken place, it is absolutely necessary that you should

adopt this procedure, as there is no chance whatever that the pus can be absorbed under the circumstances mentioned in the preceding cases. I think the custom of freely opening the joint is due to the writings and practice of Sir Benjamin Brodie, and I am sure that you cannot commit a more fatal error than to leave patienta unrelieved of abscess in the interior of the joint, under the impression that you are likely to add to the mischief already existing by opening so large a joint as that of the knee. Let me give you this piece of advice; if you determine to cut into the joint, let your incision be free, and do not trouble yourself by squeezing the matter out with your hands, but lay a flannel, soaked in warm water, over the part, and allow the cyst itself, by its inherent faculty of contraction, to force out its contents. In most cases, it is desirable to leave the opening patent, and not to trouble yourselves to bring the edges of the wound together by strapping and bandaging, although this practice may sometimes succeed. You have seen cases in the hospital where the constitution has been infected with that very fatal blood-poison to which the term pyæmia is given; and, in many of these cases, abscesses form in the various joints of the body. In such cases, I would especially advise you to make free incisions into these abscesses, and the result of my experience is that by such treatment many lives are saved.—*Lancet*, Aug. 13, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Antiperiodic Properties of the Hypophosphite of Quinia.—Dr. A. B. Cook states that he has prescribed the hypophosphite of quinia in five cases of intermittent fever, in all of which the medicine acted promptly and efficiently. It was exhibited in pilular form, each pill containing two grains of the salt, with q. s. of the ext. gentian to make mass. In each case twenty grains were exhibited during the intermission, the quantity taken at each dose, and the intervals between the doses being regulated by the length of the intermission. In all the cases I endeavoured to have the whole quantity taken at least two hours previous to the access of the paroxysms. The same quantity (20 grs.) was exhibited on the next or second day following, as the case proved to be of the quotidian or tertian type; after which five grains were given daily for four or five days. From two to three weeks have now elapsed, without a recurrence of chills in any of the cases treated.

Three of the patients were interrogated with reference to the head symptoms, and in no instance was any allusion made to those disagreeable sensations (as buzzing and singing in the ears), which so frequently follow the administration of the sulphate in even small doses.—*Semi-Monthly Med. News*, Oct. 15, 1859.

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Burning Fluid, Camphene, &c.—The number of deaths caused by accidents from the use of these articles has been so great as loudly to call for legislative enactments to prevent their future employment.

Mr. E. Meriam, of Brooklyn, states that he has kept a record of deaths, injuries, and conflagrations, resulting from the use of camphene and other burning fluids used for the purpose of illumination, since July 22d, 1850. Since that date he has recorded the deaths of three hundred and seventy persons, and the injuries of four hundred and seventy-seven persons, many of the latter of whom the accounts stated were not expected to survive the injuries they received. The losses by fire from these fluids he estimated at upwards of one million of dollars. Mr. Meriam says that when the weather becomes hot, in summer, the danger in the use of burning fluids will increase. In the short term of thirty-six days within the present year, he had recorded the death of nine persons by camphene and burning fluid.

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Subcutaneous Injections.—The committee appointed by the American Medical Association, at its last meeting, to report on subcutaneous injections of medicines in general, and especially of preparations of Peruvian bark, in intermittent fevers and other diseases, request the co operation of the profession. They desire that physicians who wish to have their observations incorporated in the report of the committee, will transmit such observations to the chairman of the committee, Dr. Ignatius Langer, at Davenport, Iowa, before the 15th of May next.

OBITUARY RECORD.—Died, at Mount Holly, N. J., on the 22d of Sept., Dr. GEO. F. LEHMAN, in the sixty-fourth year of his age. Dr. L. was for many years Lazaretto Physician, and contributed a series of valuable papers to the early volumes of the *American Journal of the Medical Society.*

——At Columbia, S. C., on the 20th of Sept., Dr. E. H. BARTON, of New Orleans.

FOREIGN INTELLIGENCE.

Woorara as a Remedy in Traumatic Tetanus.—At the meeting of the Academy of Sciences, on August 29, a most interesting paper, on the Use of Woorara as a Remedy in Traumatic Tetanus, was read by M. Cl. Bernard, on the part of M. Vella, a distinguished physiologist of Turin. I may mention, before giving an abstract of this paper, that as far back as 1850, M. Bernard showed that woorara, while it destroys the peculiar properties of the motor nerves, exercises but little influence on the nerves of sensation, and that it so acts on the motor nerves as to cause paralysis of them, beginning at the periphery of the nerve and proceeding gradually to its centre; this being an action the reverse of that observed in the ordinary paralysis of these nerves. Muscular contractility is, according to the same physiologist, quite distinct from, and independent of, the nervous influence which calls it into action, for he has proved that after the woorara poison has completely destroyed the conducting power of the motor nerves, the muscular tissue continues to contract when it is directly irritated by electricity or other stimulants. Proceeding on the accuracy of these views, M. Vella instituted a lengthened series of experiments in 1856, which led him to conclude that there is a direct antagonistic action as regards their effects on the nervous system, between strychnine and woorara; in other words, that the effects produced on animals by one of these poisons, can be neutralized by the other. M. Vella, who, during the late war, was attached to the French Military Hospital at Turin, having observed several cases of tetanus among the wounded, in which the use of opium, ether, and the usual remedies had failed, deemed it a fitting opportunity for the application to the human subject of the experience he had derived from his observations on animals. His first experiments were made on two soldiers, both suffering from tetanus; in the one the affection was of four, and in the other of five days' standing. Both were in a state of demi-asphyxia, and their recovery altogether hopeless; notwithstanding this, however, the application of woorara was followed by a certain amount of muscular relaxation, and of general relief to the patients, although both, in the end, terminated fatally. In a third case, the experiments were more successful, and the patient was discharged from the hospital perfectly cured. The subject was a French sergeant who had been wounded on June 4, at the battle of Magenta, by a ball which had caused an incomplete fracture of the first metatarsal bone of the right foot, with laceration of the tendons and soft parts. He entered the hospital on June 10 under the most favourable circumstances. Three days afterwards the ball was extracted, and the operation relieved him of much of the pain which the presence of the foreign body had caused him. On the third day after the extraction of the ball, stiffness of the neck made its appearance, attended with difficulty of moving the jaw and the head. There were also slight convulsions, but these were of short duration. The day following the jaws became firmly locked, rendering it at times impossible for him to open the mouth. On the 18th the occurrence of trismus, opisthotonos, and other characteristic symptoms, left no doubt as to the serious character of the disease, and it was declared by all the surgeons attached to the hospital to be general tetanus. The condition of the man was so serious and alarming that M. Vella deemed it necessary to bleed him from the arm for the purpose of relieving the asphyxia with which he was threatened. He then, after having freely incised the wound, administered a powerful dose of opium, but these measures produced no good result. On the afternoon of the same day, he decided on the application of woorara to the wounded foot; the dose being in the proportion of two grains of woorara to an ounce and a third of water, applied in the form of compress; the strength of the solution was gradually increased until it reached the proportion of twenty grains of the woorara to nearly three ounces of water. Three-quarters of an

hour after the application of the weaker solution, and half an hour after the more powerful was employed, a visible diminution of the tetanic rigidity was the result, followed by such complete muscular relaxation, that the patient was almost immediately able to drink, to take soup, to urinate, and to set up in bed. At the commencement of the treatment it was remarked that as soon as the peculiar physiological effects of the woorara began to pass off, the tetanic spasms reappeared with as much violence as ever, and that the wounded leg was always the first part of the body affected by them. After three days of this treatment a large blister was applied to the thigh, in order to secure a more extensive absorbent surface, and the solution was applied to it as well as to the wound of the foot. For four days the dressings of the entire absorbing surface were renewed every three hours, then every five hours up to the twelfth day, when they were reduced to twice in the twenty-four hours. It was remarked by M. Vella that the wound of the foot and the raw surface produced by the blister were not irritated by the application of the woorara, as they healed very rapidly. M. Vella resumes his case in the following language: "The woorara, which for the first eight days succeeded in rendering greater the interval between the paroxysms, and in diminishing their intensity, ended by making them disappear entirely; and on the 10th of July the patient was able to leave his bed for the first time without experiencing any convulsive shock." On the 15th he went out for an hour, and on the 25th of the same month he left the hospital perfectly cured. M. Vella terminated his remarks by expressing a wish that this novel treatment should be repeated by other practitioners in cases of a like nature; he, however, adds that the tetanus should be attacked as near its *début* as possible, and before it has too seriously implicated the vital organs, especially the lungs. M. Vella also proposes the same treatment for hydrophobia; the want of opportunity only has prevented him, long ere now, from employing it in that formidable disease.—*Med. Times and Gaz.*, Oct. 1, 1859.

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Poisoning with Acetate of Morphia.—The *Gazette des Hôpitaux*, of the 13th September, mentions a case taken from the *Union Médicale de la Gironde*, in which a young pharmacien of Bordeaux took, in a wafer, fifteen grains of acetate of morphine, soon after dinner, with suicidal intentions. He walked home, a quarter of an hour afterwards, perfectly calm; but in a short time fell, as if thunderstruck, amidst the people with whom he lodged. Some time elapsed before Dr. Salviat arrived, two hours having expired since the morphine had been taken. The young man was lying on a mattress placed on the ground, quite insensible, the teeth clenched, the limbs relaxed, the eyes staring and unaffected by light, the face flushed, pulse full and somewhat quick. Dr. Salviat, not knowing the cause of this state of things, diagnosed cerebral congestion, and bled the patient from the arm. Whilst the blood was flowing, the patient opened his eyes, and seemed to recover his senses. He was then asked about the cause of the symptoms, and answered that he had taken fifteen grains of acetate of morphine. An attempt was now made to administer a large dose of tartar emetic, but this was found impracticable, as he relapsed into complete insensibility, with the teeth firmly clenched. The heated steel knob was now used over the epigastrium and abdomen, but to no avail, and the medical attendant went away despairing of his patient, leaving, however, directions that the solution of four grains of tartar emetic should be given if the patient recovered sufficiently. (We wonder that flagellation, or forced movements, were not resorted to before the doctor left.) Towards four o'clock in the morning the young man awoke, and took the emetic, which acted well, and afterwards some strong coffee, which had been prepared by Dr. Salviat's desire. At seven in the morning the latter returned to his patient, and found him better, though the coma was still complete. Questions were, however, pretty well answered, and the poor fellow stated that he had tasted the morphine in the matters ejected from the stomach. The egesta were, however, unfortunately not kept. A second emetic was given, as the vomiting had not been very copious the first time, and a strong solution of tannin was administered after the vomiting had ceased. The patient recovered perfectly, thirty-six hours after the ingestion of the morphine, and presented, after the coma was over, all the symptoms mentioned in medico-legal works as resulting from poisoning with morphine,

except contraction of the pupils. No doubt remained as to the dose and the quality of the morphine, as the young man had prepared it himself in a wholesale house, where he had been employed at Paris. Dr. Salviat thinks that this recovery, after so enormous a dose of morphine, is to be attributed to the salt having been taken soon after a meal, and wrapped in a wafer. Some of it had probably been absorbed, and the rest mixed with the food. As digestion was suspended by the coma, it is likely that the greater part was not absorbed, and that it was afterwards rejected with the vomited matters, the patient having tasted the morphine when throwing it up.—*Lancet*, Oct. 1, 1859.

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New Stethoscope.—M. Kergaradec informs his Academy that Dr. Fitta, a Madeira doctor, has made some modifications in the stethoscope, which are of great utility, improving the instrument considerably. M. Bouillaud, who has tried the said modified instrument, confirms the praises of it, and hopes that it will become generally adopted.—*Med. Times & Gaz.*, Oct. 1.

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Nicotine in Tobacco.—The quantity of nicotine in tobacco varies much according to the locality from whence it is taken. From Havana tobacco 2 per cent. is obtained; and a like quantity from Maryland and Virginia; from Alsace tobacco 3 per cent.; from tobacco *du Nord* 6 per cent.; and 8 per cent. from tobacco *du Lot*, and from Algeria. Hence it seems that the cheapest tobacco contains the greatest quantities of irritating matter, and we get, it is said, an explanation of the frequency of cancers of the lip in the southern districts of France.—*Ibid.*

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Cancer of the lips is so common, we are told, at the Hôpital St. Eloi, as to be the most frequent cause of operations there. M. Bouisson attributes the disease to smoking.

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Baron Liebig broke his leg at Passau on the 5th of Sept.; his case is progressing favourably.

The Baron is said to have discovered the way of imparting to ordinary tobacco the flavour of the finest Havana.

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Crinoline.—It is stated in a recent No. of the *Med. Times and Gaz.* (Oct. 1) that during the last three weeks, three deaths from burning, resulting from the exorbitant use of crinoline, have been reported in the journals.

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Obituary Record.—Died, near Edinburgh, Sept. 22d, in the 70th year of his age, William Pulteney Alison, M. D., Emeritus Professor of the Practice of Medicine in the University of Edinburgh, and one of the brightest ornaments of our profession.

TO SUBSCRIBERS.

The book which has been passing through the Library Department of the Medical News, "Habershon on the Alimentary Canal," will be completed in the number for December. The work selected for the year 1860, is—

CLINICAL LECTURES ON THE DISEASES OF WOMEN,

BY PROFESSOR SIMPSON, OF EDINBURGH,

which will be commenced in the January number.

These lectures, which have been appearing during the past year in the "London Medical Times," have been published under the supervision of the author, and carry with them all the weight and authority which his distinguished reputation and extended experience can give. They are thoroughly illustrated with numerous handsome wood-cuts of pathological conditions, instruments, etc., and cannot but form a very attractive feature in the "News," and prove of much value to the general practitioner.

Subscribers to the "American Journal of the Medical Sciences" who desire to secure this important series of lectures, and without cost, will do well to remit their subscriptions (Five Dollars) for 1860, in advance.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Wound of the Iris from an Iron Chip—Removed by the aid of a Magnet; Excision of two Eyeballs, the second having contained a piece of glass for thirty years.—During the past season many cases of interest have presented themselves in the ophthalmic department of St. Mary's Hospital. Of these we propose to select a few.

On May 18th, a girl, aged fourteen, was brought to the hospital. The previous day, whilst standing near her father, who was turning a piece of hardened iron in a lathe, a chip struck her left eye, which had since been in constant pain, though the sight was not materially affected. On examination, the chip was seen sticking in the iris about midway between its upper border and the pupil; the anterior chamber was full, and there was no mark in the cornea, the wound having instantly closed after the passage of the foreign body.

Mr. White Cooper, fearing that difficulty would arise in grasping the smooth metal with forceps, suspended as it was in the loose membrane, decided on trying the effect of a magnet. The iris having been brought under the influence of atropine, whereby the foreign body was drawn near the margin of the cornea, the patient was chloroformed, and a cataract knife was passed through the cornea opposite the chip, and a sufficient opening made for its escape. A magnet was then applied to the wound, and in an instant the chip leaped from its situation in the eye, and attached itself to the magnet. The lids were then closed with adhesive plaster, and cold water dressings applied. No bad symptoms followed, and the eye was well in a week.

On the same day (May 18th) two other cases of interest occurred.

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A young woman, when a child, had received a blow from a stone upon the left eye. Inflammation followed; the globe slowly but constantly enlarged, and at length attained an enormous size, presenting not only a ghastly appearance, but of late causing serious irritation in the other eye. Mr. White Cooper excised the eye on the above day with great facility. Not a teaspoonful of blood was lost, and the patient left the hospital on the eighth day after the operation, a false eye having been inserted on the previous day. From that time the irritation in the other eye ceased, and she was enabled to resume her employment as a needle-woman.

In contrast to the facility with which this eye was removed, stands the following case operated upon on the same day:—

Mrs. B ——, aged thirty-four, when eight years old fell through a window and severely wounded her left eye. It was carefully examined at the time, and there was no suspicion of any particle of glass having lodged in the globe. The wound in time healed, but the eye had ever been a source of suffering and annoyance; it diminished in size, and lost its mobility; and there was a sharp darting pain felt from time to time at the back of the eye which no one could satisfactorily explain. As the vision of the right eye had become impaired, and symptoms of sympathetic inflammation were unmistakably manifesting themselves, removal of the injured eye was recommended by Mr. Cooper, and performed by him on the 18th.

The first peculiarity that presented itself was adhesion of the globe to the socket. When the conjunctiva and fascia have been divided, the eyeball generally starts forward; but in the present instance it remained glued, as it were, to the bone. Mr. Cooper endeavoured to break through the posterior adhesions with his finger, but, to his surprise, as he did so, the tip of the finger was deeply pierced by some sharp substance. With great difficulty, and after careful dissection, the eyeball was detached, and it was then ascertained that a splinter of glass lay half in and half out of the eye, near the optic nerve; and it was doubtless the irritation excited by this which had caused the formation of the adhesions by which the globe was firmly attached posteriorly to the socket. The bleeding was free at the time, and secondary hemorrhage occurred during the night; this is very rare after excision of the eye, and doubtless arose from the condition of the vessels which had participated in the morbid action excited by the fragment of glass. The patient was also attacked with erysipelas of the face to a serious extent; but notwithstanding these drawbacks she ultimately made a good recovery.

On examination of the excised eye, the retina was found to have been converted into a cup of bone, similar degeneration having solidified the lens. One half of the splinter of glass lay between the sclerotic and the bone shell; the other half projected through the sclerotic near the optic nerve. The sharp pain so often complained of was thus explained. The fragment of glass must have remained in the eye nearly thirty years, and the patient may be considered fortunate to have preserved the other eye so long.

Another case of long presence of a foreign body in the eye has presented itself recently to Mr. Cooper.

A clergyman when a student at Oxford was struck by a shot in his right eye, which was blinded by the accident. The wound healed with little disfigurement, but the eye was a constant source of torment, being the seat of neuralgic pains and frequent inflammations. The globe was excised by Mr. White Cooper on the 9th of last August, and on examination by Dr. Bader, at Moorfields, the inner surface of the choroid was found to be lined by a shell of bone, the retina was displaced and funnel-shaped, and in the space between the bone-shell and retina lay a shot suspended in cellular tissue, having been in the eye upwards of thirty years.

Extirpation of the eye has been performed in five cases, all of which have done well. Mr. Cooper has usually introduced a false eye about the seventh day, and finds this early introduction useful in preventing the formation of bands during cicatrization, which often materially interfere with the adjustment of an artificial eye.—*Lancet*, Oct. 15.

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Excision of the Head of the Femur.—Apropos of a case on which he had just operated, Mr. Fergusson made some interesting observations the other day on the excision of the head of the femur in cases of diseased hip-joint. He stated that his ex-

perience had led him to entertain a very favourable opinion of the general results of this operation. He was sure that spontaneous cure, after the disease had advanced to a stage of active caries, was a rare event; and when it did occur, exceedingly protracted in all its stages. He adverted to the difficulty of diagnosis as to the exact position of the head of the bone. The general belief was, he said, that dislocation on to the dorsum ilii very frequently occurred. He had found it to be very rare; and the symptoms which were usually considered to indicate it were, he held, almost always due to distortion of the pelvis, and to the limb being carried over its fellow. He had no doubt that nine surgeons out of ten would have believed the head of the bone to have been out of the socket in the case in which he had just operated; and yet, when laid bare, it proved not to be so. The next point on which he remarked was, as to whether the shaft of the bone should be sawn through at the base of the great trochanter, or whether merely the articular head ought to be removed. He much preferred the former, and always adopted it. He admitted that at first sight his plan might seem to involve the removal of a considerable portion of bone which was not in any way diseased; but he had found, by experience, that not only did the great trochanter, when left, often prove a source of inconvenience by projecting into the wound, but that the limb ultimately obtained, was not so serviceable. A third objection to its retention was that its presence tended to prevent the free escape of matter during the subsequent treatment. With regard to the objection often raised to the adoption of the resection treatment in the case of the hip-joint, that it was not possible to remove the opposed acetabular surface, he held that it was wholly devoid of foundation. The truth was, that by means of the gouge a carious surface in the acetabulum might be just as easily taken away as from any other joint. In conclusion, he adverted to the importance of being very careful to get away either by the gouge or otherwise all the fragments, however small, of diseased bone. —*Med. Times and Gaz.*, Oct. 15th, 1859.

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Removal of an Undescended Testis.—On Thursday last we witnessed an operation by Mr. Curling at the London Hospital, for the removal of an undescended testis. The circumstances under which this measure had become desirable were briefly as follows. The patient was a married man, aged 31, the father of two children. He was of cachectic and somewhat downcast aspect. His left testis occupied its usual position in the scrotum, but was not at all larger then natural, and was somewhat flabby. His right testis had never passed the inguinal ring, and could be felt as a softish swelling about the size of a small pigeon's egg. For two years past the man had been liable to attacks of pain in the part, and had also suffered much from aching in the loins and back. The gland had at times swollen considerably, especially after exertion. Mr. Curling informed us that on one or two occasions during the last year, when the man had consulted him on account of pain, there had been a decided degree of hydrocele. The fluid had, however, always been absorbed spontaneously, and paracentesis had not been necessary. The repeated attacks of pain and inconvenience had at length induced the man to wish for its removal, and Mr. Curling, after a careful examination in order to ascertain that the malposition was not complicated with hernia, had decided to accede to his request. The operation was conducted with great care. The gland after removal was found to be in an atrophied condition, and it was very questionable whether it contained any efficient secreting structure. (Mr. Curling stated subsequently that he had made a microscopic examination, and found no spermatozoa in its fluid elements.)

In some clinical remarks on this case, Mr. Curling adverted to the fact that undescended testes are frequently in a state of atrophy, and functionally useless. He had therefore felt no unwillingness to remove what had become a source of serious inconvenience. In answer to a question, as to whether in cases in which one testis only is descended, and the other remains in the inguinal canal and undeveloped, he had noticed compensatory enlargement of the descended gland, he replied, that he had not done so. He believed that the general result of his experience had been that, as in the present instance, the descended gland remained of only average size.—*Med. Times and Gaz.*, Oct. 15th, 1859.

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Effects of a Horse-Bite.—The wounds produced by the bites of animals often take

on a most unhealthy action, and, besides destroying the parts which have been injured, occasionally prove fatal; and this even when the animal is healthy. An elderly and stout man was recently admitted into the Middlesex Hospital, under Mr. Flower's care, suffering from the effects of a bite on his right hand by a horse. The part more particularly injured was the fore-finger, which was much lacerated and bruised, and formed a most unhealthy wound, accompanied by suppuration, with finally sloughing of some of the tendons of the long flexors. It was impossible, therefore, to obtain a useful finger in the event of the morbid action being arrested, and accordingly the entire digit was removed by Mr. Flower, including the metacarpo-phalangeal joint. There was much sanguineous oozing, and the wound was not fairly closed until two or three hours afterwards, which was accomplished by means of metallic (iron wire) sutures. The man is now doing well. —*Lancet*, Oct. 22, 1859.

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Altered Positions of the Heart in Health. —A girl, aged 18, entered the clinical wards of Professor Bruns, suffering from an enormous sub-umbilical intestinal fistula. Through the opening the finger was readily passed, and the abdominal aorta, the kidneys, the pancreas, and the liver might be felt. In passing the finger between the liver and diaphragm, the point of the heart could be readily felt, and hereon the following observations were made: The patient being erect, and the finger applied against the inferior walls of the ventricles, there was felt at each systole a short, dry knock, slipping a little on the disphragm, the apex of the heart at the same time becoming hard, and moving a little to the left. The blow was perfectly visible externally on the walls of the chest. The result was the same when the girl leaned forward, only the blow was stronger; on the contrary, when she leaned backwards, the finger being kept on the same spot, there was an instant observed when the heart's movement was neither seen nor felt. Other experiments showed that the heart does not retain an invariable position, as Helmerich imagines. —*Med. Times and Gaz.*, Oct. 15, 1859.

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CLINICAL LECTURES.

Practical Clinical Remarks on Diseases of the Bursa Patellæ. Delivered at University College Hospital. By JOHN ERICHSEN, Esq., Surgeon to the Hospital.

Gentlemen: The exposed situation of the bursæ patellæ, covered as they are only by the integumental structures and fascia lata, and their liability to pressure and irritation in kneeling, render them in all respects more prone to take on diseased action than any other similar structure in the human body, and the morbid conditions which they present may be looked upon as typical to a great extent of the diseases of the bursæ generally. Now, in considering the various affections to which these bursæ are liable, we may divide them into two classes, viz: 1st. Inflammatory affections; and 2d. Enlargement, of a fluid or of a solid character.

1st. Let us commence with the consideration of the inflammatory affections of the bursa patellæ. This bursa is frequently the seat of simple inflammation. Undue pressure in kneeling upon a hard, irregular, and cold surface, such as stone, is likely to excite inflammation; hence its frequency in housemaids, whose occupation obliges them to kneel a great deal on floors and stone steps, and hence, also, the common title of "housemaid's knee," given to this and to many other affections of this bursa. But these diseases, although frequent amongst, are not limited to, housemaids; for they occur in females following other occupations, and in men as well as in women. In simple inflammation, however occasioned, the bursa becomes rather suddenly swollen, tense, red, and hot, with some fluctuation deeply under the integuments. The swelling, heat, fluctuation, and redness, often of a dusky colour, all situated in front of the patella, point out the nature of the affection.

The treatment of this inflammation is simple enough. Leeches, followed by evaporating lotions, and keeping the patient at rest, are the means to be employed. Under this treatment, the disease will frequently undergo resolution in the course of a few days. So many cases of this simple inflammation of the bursa patellæ occur in the hospital in the course of the year that I need not refer to any one particular instance.

2d. In many, and perhaps the majority of cases, however, the inflamed bursa eventually suppurates. Now, suppuration of the

bursa patellæ is a matter of great consequence, because the accumulation of pus, being of large size, and tending to diffuse itself around the knee-joint, is liable to be mistaken for abscess in that articulation. Suppuration of the bursa is, indeed, very generally followed by a widely diffused abscess, that speedily gets beyond the limit of the anterior part of the knee. This is owing to the inflamed and suppurating bursa, instead of bursting externally, giving way under the integuments. If not, it will point, and the pus discharge itself externally in the usual manner; but in many cases it gives way subcutaneously, and its contents diffuse themselves somewhat widely around the joint.

How are we to distinguish such a collection of pus as this from suppuration within the knee-joint itself? In suppuration of the bursa patellæ, the history of the case will show that the abscess commenced by a superficial swelling and inflammation in front of the knee, which, after a time, extended laterally, enveloping the joint, the fluid gravitating on either side, but more especially on the outer one, nearly as far, perhaps, as the ham-strings. There will have been none of the signs indicative of acute arthritis accompanying the formation of this large abscess; no startings of the limb, no laxity or pain in moving the articulation, no grating of the articular ends, and little if any constitutional disturbance, which is always a marked feature of the rapid disorganization of a large articulation. The movements of flexion and extension of the joint are free up to a certain point, where they are checked by the mechanical obstacle of the purulent accumulations. But perhaps the more important diagnostic sign is the relation of the abscess to the patella. In a suppurating bursa, the patella is invisible, being covered by the fluctuating swelling; in effusion, whether synovial or purulent, into the joint, the patella is above, floating upon the fluid.

Having thus made the diagnosis, the treatment of this condition becomes simple enough. A free incision should be made through the anterior part of the bursa, so as to let out the pus mixed with synovial fluid; and if there be any burrowing of matter, as there almost invariably is, counter-openings must be made in proper dependent situations. I may mention the following case, as illustrating well the points to which I just adverted:—

Mary T———, aged twenty four, married, was admitted into this hospital on April 16th, 1858. About a fortnight before her admission, she noticed some degree of swelling on the front of the knee, but as it did not cause any inconvenience, she took no notice of it until about three days afterwards, when it began to inflame and to become painful. Hot fomentations were applied without affording her any relief, and she continued to get worse up to the time of her admission, when she had, at first sight, all the appearance of disease of the knee-joint. A large abscess covered the front and sides of the knee, but the patient could move the joint without giving herself any great pain, and the fluctuation was more distinct above the patella than in any other part. A free incision made into the abscess let out about eight ounces of pus. The part was well poulticed, and on April 24th the woman was so far recovered as to be able to walk about, and was made an out-patient.

Here, then, is an ordinary case of abscess of the bursa patellæ, gravitating to the sides of the joint, and requiring free incision and poulticing.

3d. Sometimes, but very rarely, abscess of the bursa patellæ will go on to disease of the patella itself. Caries of this bone secondary to suppuration of the bursa is, so far as my experience goes, exceedingly rare. I have only seen one case of the kind—that of a woman who was in the hospital, under my care, about three years ago. She was admitted on the 30th of April, 1856, and then had several fistulous openings on the forepart of the knee-joint, through which the probe led down to a rough and carious patella. On inquiry, we ascertained that she had had inflammation of the bursa patellæ—"housemaid's knee"—which had run on to suppuration, but that the abscess had never been freely laid open. The present condition had resulted from that suppuration. The joint itself was unaffected, there was no pain in it, and its movements were perfectly free. I laid open the sinuses, and finding the anterior surface of the patella soft and carious, removed with the gouge the diseased bone to which they led. About two or three weeks after this, the joint became suddenly swollen, evidently filled with pus, and the seat of acute pain. In consequence of the severity of the symptoms, it became necessary to remove the limb above

the knee. After amputation, it was found that the morbid action had extended through the patellar cartilage, perforating it by a small aperture, and so giving rise to suppuration within the joint. We have here then a case of suppuration of the bursa patellæ, going on to caries of the patella, and secondarily to disorganization of the knee-joint.

4th. Sloughing of the bursa patellæ occasionally occurs as the result of its inflammation and suppuration. A woman was admitted into the hospital last October, in whom this bursa had inflamed and suppurated, and not only the bursa, but also the integuments covering it had sloughed away, leaving a circular ulcer in front of the knee as large as the palm of the hand, having a flabby surface and undermined, purple edges. The patella was not exposed. Under ordinary treatment, the ulcer slowly healed, but no vestige of bursa was left.

We now proceed to the consideration of the second class of disease of the bursa patellæ—those in which there is no inflammation, but in which there is enlargement of the bursa, owing to the accumulation within it of bursal fluid, of this fluid mixed with solid bodies, or of solid fibroid deposits.

The fifth morbid condition which this bursa may present is a simple enlargement, dependent on fluid accumulating in its interior. Continued pressure exercised upon the bursa, as in kneeling, is the common cause of this affection (hence its frequent occurrence amongst housemaids), and constitutes the true "housemaid's knee." But it is also common amongst other people, whose vocation necessitates long-continued kneeling. One of the last cases of the affection that we have had in the hospital was in a carpet-layer; it was to all intents and purposes a "housemaid's knee," and the tumour equalled in size an ordinary orange. A man, aged thirty, was admitted on the 16th of March last, who, in consequence of habitually kneeling upon the left knee in laying down carpets, had a tumour there as large as an orange, indolent, soft, and fluctuating to the feel, evidently an enlarged bursa. It was tapped by means of a trocar, and a seton passed through the canula, and left in for six or seven days. Suppuration took place along the seton, the tumour collapsed and contracted, and the patient left the hospital, cured, on the twelfth day.

With regard to the pathological nature of the disease, it would seem to consist in a hypersecretion into the interior of the bursa, which becomes enlarged, thickened, and filled with a clear sero-synovial fluid.

The treatment of these tumours is very simple. In some cases, the application of tincture of iodine, or the ammoniacum and mercury plaster, or blistering, will succeed in inducing absorption of the contained fluid. If these fail, as they very often do, or if their use is too tedious, a very simple, and at the same time a very safe and successful mode of treatment consists in tapping the tumour with a trocar, and passing a seton through the canula, either by means of a long straight needle, or by using an eyed probe, and cutting down upon the end of it with a scalpel. The seton threads should be left in for a week or ten days—at all events, until they excite free suppuration. This treatment is, as I just said, exceedingly simple, and perfectly certain in its results. The only point to be attended to is to keep the apertures by which the seton passes sufficiently patent to allow of the free escape of any fluid which may collect in the interior of the bursa before it is closed. This is especially to be observed with the lower opening, which is apt to get blocked up.

The sixth affection to which the bursa patellæ is liable is closely allied to the last, and appears to be an advanced degree of it. It consists in a chronic enlargement of the bursa, the coats of which are much thickened. The contents of the bursa, so enlarged, consist of a dark fluid, in which float a number of smooth oval bodies, the size and shape of melon-seeds. I have seen this condition in both the male and the female. It may be distinguished from simple enlargement of the bursa by the peculiar crackling sensation which is communicated to the hand when the tumour is manipulated. This arises from the melon-seed bodies floating about and rubbing against each other.

The pathology of this affection is as follows: There is enlargement of the bursa, and hypersecretion into its interior of simple synovial fluid, which, however, is dark-coloured, owing probably to admixture of blood which has undergone disintegration. This fluid will be found to contain a large quantity of cholesterine, broken-up blood-corpuscles, and granules. The melon seed bodies are composed of lowly-organized

fibroid matter mixed with cholesterine, and are probably separated from the wall of the bursa.

The following case is a good illustration of this form of disease:—

A man, aged forty-eight, was admitted into the hospital under my care some years ago, with a tumour over the forepart of the patella, which had existed two or three years, and had attained the size of an orange. On examining the tumour, it was found to crackle very distinctly. The treatment adopted, and which is to be followed in similar cases, consisted in tapping the tumour with a rather large trocar, and passing a seton through it. The fluid which escaped was dark coloured, and contained a large quantity of the melon-seed bodies. The patient was cured in a little more than a fortnight.

The seventh and last form of enlargement of the bursa patellæ is that in which solid tumours are formed in connection with the bursa, and of which the following case is a good illustration:—

A female, aged thirty-two, had had nodes on the head and arm as the result of syphilis. These disappeared, but in the course of a year a small tumour, of the size of a pea, appeared on each patella, and gradually increased to the size of a pigeon's egg. She had not had much kneeling, and had never been a servant. The tumours were the seat of pain, especially at night; they were hard, indolent, and but slightly movable on the patella. This case illustrates well the condition termed solidification of the bursa patellæ. By many it is supposed to be the result of the deposition of a fibroid material, which gradually takes the place of the fluid of an ordinary "housemaid's knee," and which, instead of taking the form of melon-seed bodies, is deposited in concentric masses, and thus accumulates in the interior of the cyst. This was not the case, however, in the instance just mentioned, nor was it in others that I have seen. In these cases I believe there is a true fibroid deposit in the bursa from the very first; the tumour is never fluid, but hard and solid from the commencement, and continues slowly to augment in size, until it occasions sufficient inconvenience to require removal. In the case under consideration there was a previous syphilitic taint; the patient complained of pain in the tumour like that which is experienced in nodes, and it is by no means impossible that there may be a syphilitic origin for these tumours. However that may be, in this case, and in others that have fallen under my observation, the tumours have never been fluid, nor have they originated in pressure, but appear to have been primary deposit of fibroid matter. There is nothing to be done with such tumours but to dissect them out, as was done in the case of the woman I just referred to. With the most ordinary care the joint runs but little risk; but much trouble may arise from opening up that layer of deep fascia which, after surrounding the knee, is fixed to the borders of the patella. Such an accident is liable to be followed by infiltration and deep abscess in the ham, and is to be avoided by keeping the scalpel well towards the centre of the patella when operating.

These, then, are the affections to which this bursa is liable. Of the inflammatory affections we have, in the first place, simple inflammation, which may undergo resolution, or terminate in suppuration, and the pus so formed may be limited to the interior of the bursa, or, as is more common, has a tendency to diffuse itself around the joint. Then we may have sloughing of the bursa itself, and lastly, caries of the patella as a secondary result. Then, amongst the non-inflammatory affections, we have the simple enlargement from hypersecretion; the enlargement attended with the formation of melon-seed bodies in the interior of the bursa; and lastly, tumours solid from the first, and produced by fibroid deposit in the interior of the bursa.

The diseases of the bursa patellæ have their analogues in the other bursæ, such as that over the tuberosity of the ischium; but the affections of these other bursæ are by no means so frequent, so numerous, or so well marked as are those of the patellar bursa.—*Lancet*, Oct. 22, 1859.

SANITARY SCIENCE.

Mortality amongst Miners.—Investigations of the causes of mortality amongst special classes have a definite object apart from any general sanitary inquiries. They seek to discover particular causes of enhanced mortality, determine the nature of these causes, and estimate their relative

preventability. The excessive mortality of miners has frequently engaged public attention; and in so far as it is the result of accident and calamity, mechanical means, however imperfect, have been devised, and will continue to be suggested from time to time, tending to lessen the frequency of such catastrophes. But the main part of the excess of mortality amongst this class of men is hardly traceable to such causes. The life of the miner and of his children is cut short by fatal and premature disease. This does not burst forth violently, and sacrifice suddenly some dozen lives, under accompaniments so moving as to attract the eyes of a nation: as when the destructive demon of fire-damp breaks loose, or a volume of steam bursts its iron bounds, and scatters cruel strokes of death around. It employs the weapons under which men die daily on all sides; the familiar destroyers of English homes; household words in the Registrar-General's office. Consumption, pneumonia, hooping-cough, marasmus, are more fatal, but less portentous agents of destruction; they work slowly, successfully, and without making any stir.

Attention has been particularly directed to the premature death of pitmen by the investigations set on foot with the view of providing data for calculations necessary to the establishment of a Miners' Provident Association. It has been shown that whereas, amongst the ordinary population of 100,000 persons alive at the age of 18, there are 46,015 living at 65; at the same age, out of a similar number, there are only 39,687 pitmen, the difference being owing to the excessive mortality in miners in early life. At the age of 70, there are remaining of ordinary lives, 34,901; of pitmen, 28,895.

The sickness reports of Mr. Ratcliffe show "a very large amount of disease amongst this class at every period, and an increased sickness with an advance of years. At the age of 20, miners experience an average sickness of 46 per cent. more than the general class; at 30 years, they have 70 per cent.; at 40 years, 78 per cent.; at 50 years, 76 per cent. more than the average sickness of the general class of lives." These and other circumstances in relation to sickness and death rates introduce peculiar difficulties into any scheme aiming at the adjustment of equitable tables for provision of sickness allowance. At present none exist.

Having thus far ascertained the broad statistical outlines of life value amongst the mining population, preventive medicine has a further mission—namely, to analyze the character and relative frequency of the fatal diseases, and to point to the conditions which favour them, and the provisions by which they may be combated. This we are glad to find that Mr. Richard Couch, surgeon of Cornwall, is ably accomplishing for a large section of the Cornish miners. In a paper on the "Mortality of the Miners in the District of Lelant," published in the Twenty-sixth Annual Report of the Royal Cornwall Polytechnic Society, Mr. Couch seems to establish conclusively that the occupation of the miner is mainly destructive to health by the disposition which it gives to fatal pulmonary disease. The mortality from thoracic affections amongst the miners is always more than that arising from all other causes combined, and, in most cases, is nearly double that found in the general population living in the same district. If we take the six years terminating in 1857, we find that amongst miners consumption gave an average mortality of 55.4 contrasted with 19.3 on the general population. Compared with other surrounding labourers it is observed of the miners that after crowding at home, they are in a worse atmosphere while at their daily work than even in their dwellings. Again, with exception of the Saturday afternoon and the Sunday, the miner has for months together but little enjoyment of the sun. These causes of death Mr. Couch promises to examine further, and subsequently report upon them. We call attention to his researches as of an eminently practical and philanthropic character, and such as may be very usefully imitated in all other mining districts.—*Lancet*, Oct. 22, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

"*American Medical Association.*—On the nomination of the Committee of arrangements, the President, Dr. Miller, has appointed Dr. Stephen G. Hubbard, of New Haven, Junior, Secretary of the American Medical Association, *vice*, Dr. Eli Ives, resigned. Dr. Hubbard's name was promi-

nently before the nominating committee, and he would doubtless have been appointed by the Association at Louisville, had it been known that Dr. Ives' advanced age (81 years) would render him unequal to the arduous duties of the office."

—

Formation of Adipocire.—Prof. John C. Dalton, Jr., exhibited to the New York Pathological Society a body which had undergone complete transformation into *adipocire*.

As far as could be ascertained, the body was buried in 1832. It was found in a cemetery, or rather a pit in the upper part of the city, which was dug out for the reception of cholera patients. The bodies were placed in separate coffins, but not in separate graves. The coffin containing this body was found about twenty feet beneath the surface; underneath it there were three tiers of coffins, and above it nine or ten. The uppermost tier of coffins was covered by three or four feet of solid earth. The soil directly under the coffin in which the body was found, was very watery; above this level there was but little water, although the ground was very moist. The bodies contained in this part of the pit were melted together in a semi-fluid mass, the usual result of decomposition under ordinary circumstances.

At the water-mark there were several bodies converted into adipocire. The specimen presented, however, was the most perfect. The hands and feet have been rattled off during transportation. When the body was first taken out, its colour was almost precisely the same as now—a dullish white. If anything, it has become a little more brownish. It has now been exposed to the air for three months. Its consistency was decidedly less when first removed; it was then like cheese of medium consistency; a mixture of the ductile and the brittle. In handling it, great care had to be used. At that time, it exhaled a tolerably strong odour; partly cheesy, ammoniacal, and earthy. Since that time, the cheesy and the earthy odours have disappeared; the ammoniacal smell, however, is still perceptible. In other respects, it appears not to be altered in the least, and Dr. Dalton presumes it will remain in the same condition for years; for centuries, if properly taken care of.

The body is that of a large, fat woman, between forty-five and fifty years of age; evidently a woman past the prime of life. The anterior parietes have sunk very much, particularly those of the abdomen, which appear to be in contact with the spinal column. The anterior portion of the chest is also collapsed. The change of animal tissue to the adipocire is absolutely complete in all the tissues, except the hair, nails, and bones. The papillæ of the skin can be distinguished, but the other tissues cannot be made out.—*New York Monthly Review*, November, 1859.

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Maine Medical School.—Dr. Israel T. Dana, of Portland, has been appointed Professor of Materia Medica in this institution to fill the vacancy caused by the resignation of Dr. C. A. Lee.

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Philadelphia Lunatic Asylum, Blockley.—Dr. S. W. Butler has been elected chief resident physician to the lunatic department of the Philadelphia Hospital.

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Instruction in Medical Chemistry.—We take pleasure in inviting the attention of students to Messrs. Booth, Garrett & Reese's Laboratory for Practical and Analytical Chemistry, Chant Street, rear of St. Stephen's Church (Tenth Street, below Market), Philadelphia, established in 1836, where special instruction is given in practical chemistry, mineralogy and geology. A well-arranged laboratory, mineral and other collections, and a large library offer superior advantages to the student.

Careful analyses will be made of ores, minerals, guanos, waters, vegetable substances and products of art; and opinions given on chemical questions.

A limited number of students of medicine will be received into the laboratory, for practical instruction in *medical chemistry*. The pupil will be made familiar with the methods of analyzing the various solids and fluids of the body, both healthy and diseased. The subject of toxicology will receive especial attention, both in the determination of poisons and the action of their antidotes. Pharmaceutic chemistry will also be studied, so far as it relates to the extraction of the active medicinal principles, and the chemical compatibility of therapeutic agents.

The course will consist chiefly of practical manipulation by the student, under the immediate supervision of his preceptor, much

in the same manner as practical anatomy is learned in the dissecting-room.

Pupils may enter at any time, as the instruction will be, for the most part, individual in its character.

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American Medical Literature.—In our No. for June last (p. 113), we quoted the very complimentary notice given of Dr. Dalton's Treatise on Human Physiology, in the *Westminster Review*. The *Dublin Quarterly Journal of Med. Sci.*, for Nov. last, contains a review of this same work which is equally laudatory. The reviewer says: "This system of Physiology, both from the excellence of the arrangement studiously observed throughout every page, and the clear, lucid, and instructive manner in which each subject is treated, promises to form one of the most generally received class-books in the English language. It is, in fact, a most admirable epitome of all the really important discoveries that have always been received as incontestable truths, as well as of those which have been recently added to our stock of knowledge on this subject by the labours of the leading microscopists and chemists of the present day, affording a concise but comprehensive view of the progressive steps by which the science has advanced to its present high standard of perfection."

After giving some extracts as a specimen of the style and composition of the work, the review concludes with the following remarks:—

"In its purity of style and elegance of composition it may safely take its place with the very best of our English classics, while in accuracy of description it is impossible that it could be surpassed. In every line is beautifully shadowed forth the emanations of the polished scholar, whose reflections are clothed in a garb as interesting as they are impressive; with the one predominant feeling appearing to pervade the whole—an anxious desire to please and at the same time to instruct. The assistance of art has likewise been invoked as auxiliary to the powers of verbal description, and the faithful illustrations with which nearly every page is studded are such as to do infinite credit to the genius and enterprise of our Transatlantic brethren in this particular department. In closing our observations on this production of Dr. Dalton, we can only reiterate what we have already stated—the firm conviction we entertain that it must yet take its place on the shelves of the physiologist, as one of the best and most effective works that has appeared for many years."

The same journal, also, contains a very brief, but exceedingly complimentary notice of Dr. Gross's System of Surgery, which is said to be "the most elaborate and complete work on this branch of the healing art which has ever been published in any country."

Whilst it is gratifying to observe the rapid progress which has been made within the last few years towards the establishment of a national medical literature, it is satisfactory to find that the contributions made with this view are favourably received abroad, and their merits candidly and liberally admitted. We feel more and more convinced that the views expressed in our June No. were correct, that our medical literature needs no hot-house process to force it forward, but that its natural healthy growth is inevitable, and that any slowness of maturation will be compensated for by its excellence and permanency.

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Pleuritic Effusion—Thoracentesis.—Dr. W. T. Gairdner, after relating (*Edinburgh Med. Journ.*, Oct. 1859) two cases of pleuritic effusion, in his concluding observations makes the following complimentary remarks respecting one of our countrymen.

"While these cases have been under treatment, I have had the pleasure of a visit from Dr. Bowditch, of Boston. Dr. Bowditch is not only one of the most distinguished physicians of Massachusetts, but he has devoted more attention than any other American authority to this subject; and it was, therefore, with peculiar interest that I submitted to him my doubts and difficulties in regard to thoracentesis in connection with the cases just detailed. I believe I do not misrepresent his opinions when I ascribe to him a certain amount of reserve in the performance of the operation in acute cases, as compared with M. Trousseau; that is to say, he operates chiefly in cases of considerable distension, and to relieve pressing symptoms, and only, except when hard pressed, in cases in which internal remedies have been first employed. But a far greater distinction between Dr. Bowditch and the other advocates of thoracentesis consists in the mode in which he

performs the operation. Thoroughly appreciating the real difficulties which I have attempted to point out above, Dr. Bowditch boldly solves them by the use of an exhausting syringe in all cases; and by the peculiar construction of his instrument (the invention of Dr. Morrill Wyman, of Cambridge, U. S.) he is enabled at once to evacuate the chest much more completely than by any other method, and to prevent entirely, and with absolute certainty, the admission of air. Had I been fully aware of the peculiarities of this operation, and of the great success which it has had in the hands of Dr. Bowditch in upwards of one hundred and twenty cases, I should certainly have employed it in the case of R. L., if not also in that of H. P. It appears to me to be in every respect an improvement so important that it may be said to open up a new history for the operation of paracentesis thoracis; and I trust it will henceforth receive in this country the attention which is due to it. For the description of the instrument employed by Dr. Bowditch, I may refer the reader to his original communication on the subject to the Society of Medical Observation in Boston.[1] In awaiting further experience, I will only state at present that Dr. Bowditch has observed no serious results from the operation in any case, although he has usually drawn off, at each operation in the adult, not less than between three and four pints of fluid."

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Liberal Bequest.—The late Mrs. Mary M. Ricketts has bequeathed to the Pennsylvania Hospital the sum of ten thousand dollars, and to the Hospital of the Protestant Church of Philadelphia the sum of five thousand dollars.

FOREIGN INTELLIGENCE.

Death from the Inhalation of Chloroform in the Dreadnought Hospital Ship.—The history of the following case, from notes supplied by Mr. Bedford, physicians' assistant, is an exemplification of the manner in which death may occur during the inhalation of chloroform, from sudden cessation of the heart's action. It will be seen by what immediately succeeds that nothing unusual, except on the part of the patient, occurred during the administration. The time occupied was not less than twenty-five minutes. The whole amount of chloroform used was not more than two drachms and a half. The chloroform itself, supplied by Messrs. Hodgkinson and Co., was perfectly pure, and in good condition (as since tested), and portions of the same sample had been recently used with benefit in other cases. The whole amount given was divided into four doses, the first consisting of a drachm, and the three succeeding doses of half a drachm each. These were given at intervals of not less than six minutes. With regard to the patient himself, he was a young man of twenty-four years of age, the subject of a syphilitic affection, and recovering from an anæmic condition. The chloroform was given at his own particular desire. The details of the case are as under:—

Chloroform was administered to the patient in the recumbent position, and the process began at half-past 2 P. M., on the 7th of October, by the man being made to breathe the vapour from a drachm of chloroform poured on lint inclosed in a long, hollow cone, perforated at the apex for the free admission of air, and consisting of a layer of oiled silk within a layer of brown paper. At the end of the first five minutes, during which due care had been taken to insure the plentiful admixture of fresh air with the vapour of the chloroform, the usual exhilarating effect had commenced; but the vapour of this first drachm having to a great extent evaporated, half a drachm more was poured upon the lint. From its being necessary, however, to delay the operation—the extensive application of nitric acid—after the patient had taken a few inhalations, the administration was suspended for three minutes, during which he inhaled freely of fresh air, and was so sensible as to remark that he liked the smell of the chloroform. Before reapplying the apparatus, half a drachm more chloroform was poured upon the lint. At the end of the next five minutes, he had re-entered the exhilarated state; but being too sensitive to pain, half a drachm more of the anæsthetic, in another minute, was poured upon the lint. At this time Mr. Bedford's whole attention was confined to the patient, and whilst he watched the eye and chest, Mr. Hochee (a surgeon present) kept his finger on the pulse. After the patient had been exposed to the influence of this third dose for not

[1] American Journal of Medical Sciences, vol. xx., October, 1850, p. 325.

more than three minutes, he passed on to a condition in which, though he talked incoherently, yet he breathed freely, the heart beat steadily, and he flinched at the escharotic effect of the acid, drawing his knees together, as it were, to prevent the approach of the cause of pain. More acid having yet to be applied, and the patient being in the above condition, not more than twenty minims of chloroform were added to the lint. No immediate effect followed—no gasping—no symptom of rapidly passing into an insensible state; but at the end of two minutes, as he was lying in the above condition—as the eye and chest were watched, and Mr. Hochee kept his finger on the pulse, Mr. Bedford noticed his face suddenly to become pallid, and the respiration cease; at the same time, Mr. Hochee observed the pulse stop, and the operator has since said that he was sensible of the subsidence of the resisting efforts. Restorative measures were immediately resorted to, such as dashing the chest and face with cold water, and the application of the vapour of strong ammonia to the nostrils; but no immediate reaction following, artificial respiration, by Marshall Hall's method, was at once begun. At the expiration of a few minutes, natural efforts at breathing recommenced, but were not attended with any appreciable pulsation of the heart, or other encouraging symptoms. Here, for a moment, artificial respiration was discontinued, but, the natural respiratory efforts subsiding, was quickly recommenced, and afterwards kept up as long as an hour and twenty minutes, or until it was evident to all that the patient was irrecoverable.

At a post-mortem examination of the body, twenty-four hours after death, there was not discovered any disease either of the heart or lungs; but the different viscera were found in the following conditions: The brain healthy with regard to its consistency and structure, but its veins and sinuses gorged with highly carbonized fluid blood, and the spinal cord had its vessels in the same condition. From the position of these vessels, the fluid condition of the blood, and the time the man was lying on his back, no correct estimate can be formed of the exact state of the vessels at the time of death. The lungs were, as shown by their dark colour and weight, also charged with blood in the same condition, though structurally healthy. The heart was found flaccid, its cavities dilated with blood, and larger than natural. On removal from the body, *all* the blood, which was of the highly carbonized character above mentioned, drained from the cavities, and the organ by itself weighed fully fifteen ounces, the unusual weight being due not to increase of the muscular walls, but to the actual size of the heart. On further and careful examination, no abnormality or structural change, diseased or otherwise, could be detected. The other viscera, beyond being charged with the dark, uncoagulated blood, presented no points of interest. The immediate cause of death seems to have been paralysis of the heart. It may be conjectured that this state was induced either by the direct influence upon its nervous ganglia and muscular fibre, produced by the carbonic acid and chloroform in the blood, or secondarily through the action of the blood, thus altered in its properties, accumulating upon the brain and medulla oblongata.—*Lancet*, Oct. 22, 1859.

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Spina Bifida—Tetanus treated with Woorara.—The Paris correspondent of the *London Med. Times and Gaz.*, in a recent letter (October 10), writes as follows:—

"The last meeting of the Académie de Chirurgie was one of unusual interest, the sitting having been wholly occupied with the discussion of a case of spina bifida, and a case of traumatic tetanus which was said to have been successfully treated with woorara. A child, six weeks old, affected with spina bifida, was, at the instance of M. Huguier, presented to the meeting, in order that he might have the benefit of the opinion of his colleagues as to the course of treatment he ought to pursue. The tumour was situated at the upper part of the sacrum, and its walls, which were firm and solid, exhibited no traces of inflammation; it was compressible, and part of the fluid contained in it disappeared on pressure, and its expansion and contraction were synchronous with the acts of inspiration and expiration. The health of the infant was good, and there was no paralysis of the bladder, rectum, or lower extremities. Without a single exception, all the members of the society were opposed to an operation, and those who had the largest amount of experience in similar cases, were the most energetic in protesting against such a measure. M. Guersant, of

the Hôpital des Enfants Malades, stated, in the course of his remarks, that he had punctured fifteen or eighteen cases of spina bifida, and in each case he had had reason to regret having done so. M. Velpeau, who had operated by puncture in four cases, had been successful in only one, and that after four successive operations followed by an equal number of iodine injections; in the case before the meeting, he advised M. Huguier not to have recourse to any surgical operation, but to treat the tumour by compression and the use of astringent lotions, which he believed would in the end prove successful.

The case of traumatic tetanus was reported by M. Chassaignac as having occurred in his private practice. Three circumstances invested it with a more than common interest; first, its having had a favourable termination; secondly, its having been treated entirely by means of woorara; and, thirdly, the somewhat unusual, and, if we are to credit the experiments of physiologists, the unscientific manner in which this powerful agent was employed. After the case had been related to the society, M. Chassaignac was subjected to a regular battery of questions, the answers to which materially tend to shake the confidence of the members as to the genuine character of the tetanus; and it was also a question with them whether the woorara had anything to do with the cure. It was the opinion of M. Larrey, and some others, that, although presenting certain of the characteristics of tetanus, such as trismus and emprosthotonos, it was, properly speaking, one of a *local* rather than of a general kind, and consequently a form in which a spontaneous cure is often observed to take place. Such, it has been ascertained, was also the opinion of one of the surgeons who had seen the case with M. Chassaignac, and who had been heard to style it 'Tetanos chronique avec intermittences.' Touching the manner in which the woorara had been employed, M. Chassaignac was rather roughly handled, and was taxed either with ignorance, or want of memory as to the inert character of woorara when administered by the mouth. That he believed in its influence on the system when exhibited internally is evident from the fact that he prescribed a potion composed of ten centigrammes of the drug dissolved in 120 grammes of fluid, a teaspoonful of which he administered every two hours, and which, towards the termination of the treatment, had been increased to double its original strength. But if he displayed a want of knowledge of its effects when administered internally, he also displayed great clumsiness in his manner of applying it locally, which was as follows: Twenty centigrammes of the woorara, dissolved in 120 grammes of some liquid, were used as a lotion, and applied to the wound by means of pledgets of lint, which were renewed every two hours. Now, employed in such an irregular manner, it is impossible, as M. Legouest very justly remarked, to know what quantity of the woorara had been absorbed by the system, the lint having in all probability taken up as much, if not more, than the wound itself had done; and thus we are left in doubt whether the woorara had anything to do with the cure at all. Besides, the woorara employed had not been tested on animals, either before or after its use in this case, and thus there was no proof of its having been pure. Altogether, the discussion on this case did not redound much to the credit or praise of its reporter, and the profession is no wiser as to the influence of woorara in this formidable malady than it was before the case was reported."

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Inoculation of Diphtheria.—Two facts of some importance were brought before the Medical Society of the Hospitals of Paris on the 24th of August last. One relates to a medical practitioner whose finger was wounded by a knife which had been used in the operation of tracheotomy, performed upon a child suffering from diphtheria. An abscess formed in the wound, but the latter was going on favourably when, a fortnight subsequent to the accident, pain in the throat was complained of, after exposure to cold, and diphtheritic effusion took place on the tonsils. The practitioner's wife became similarly affected, but they both recovered, though one had consecutive paralysis, which lasted four months. The second case is that of a medical student who, already suffering from cough and cold in the head, made the post-mortem examination of a child who had died of diphtheria. He accidentally pricked his left thumb whilst engaged upon the autopsy, and this was followed, in spite of careful washing, sucking of the wound, and abundant bleeding,

by inflammation of the lymphatics up to the axilla. On the third day after the infliction of the wound, and the fifth after the beginning of the cough (which had arisen after exposure to cold), pain in the throat occurred. The arm went on improving, but the throat became worse, and false membranes formed upon the tonsils. An herpetic eruption on the lip followed, and the patient had quite recovered in about ten days. The question now was to determine whether these two cases were to be considered as examples of inoculation of the disease, or as instances of simple epidemic influence. Most of the members of the Society inclined to the latter opinion, and many of our readers will, perhaps, agree with them. We must, however, confess that one of the arguments brought forward against the transmission of the disease by inoculation is to us not satisfactory—viz., that the false membranes appeared a fortnight after the puncture. Might not this lapse of time have been taken up by incubation? It is, however, proper to mention that, from actual cases, M. H. Roger has found the mean of the time of incubation to be from two to seven days.—*Lancet*, Oct. 22, 1859.

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The Microscope and its Results.—Dr. Gallard, secretary to the Anatomical Society, of Paris, has, in his report upon the transactions of the society for 1858, examined the promises held out by the microscope. He finds that hardly any have been fulfilled, especially as regards the cancer-cell. M. Gallard does not concede that heteromorphous matter ever exists upon the human frame, and does not believe that tubercular or cancerous deposits are substances differing completely from normal tissues. He lays particular stress, whilst passing in review the pathological preparations which were brought before the society in the course of the year, on twenty-six cases of cancer, upon only six of which the cancer-cell was found. He sarcastically alludes to the fact, that microscopists have gradually receded from the cell to the nucleus, and from the nucleus to the nucleolus, driven as they were by the difficulty of finding any characteristic element in morbid textures. The author concludes that, in the present state of anatomy, and especially histology, no criterion exists by which to distinguish malignant from non-malignant tumours.—*Ibid.*, Aug. 20.

Aristocratic Recipe for the Itch.—M. Bourguignon, its inventor, states that the ointment has a pleasant odour, and effects a certain cure after a single friction: Yolk of eggs, 2; essences of lavender, citron, and mint, of each 5 grammes; essences of canella and clove, of each 8 grammes; gum-dragon, 2 grammes; sulphur, well pounded, 100 grammes; glycerine, 200. Mix well the essences with the yolks, add the gum-dragon; then to the mucilage add very gradually the glycerine and sulphur.—*Med. Times and Gaz.*, Oct. 29, 1859.

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Gastrotomy.—This operation, first proposed by Sédillot, in 1846, has been performed five times. Twice by Sédillot (*Traité de Méd. Opér.*, tom. ii. p. 272), one by M. Senger, of Copenhagen (*Archiv. für Path. Anat.*, B. vi. p. 350); twice by Mr. C. Foster; and once by Mr. S. Jones. In no case has the patient survived.

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A Hair-Pin in the Urethra.—M. Segalas placed before the eyes of the Academy of Medicine a hair-pin, "which he had taken from the urethra of a man without the aid of any instrument." The fact was M. Segalas made a surgical instrument of the pin itself, pushing one end of it through the gland, and then drawing it out gradually. No accident followed in this case, or in another in which M. Segalas had performed a similar manœuvre. This case reminds us of a much more simple method adopted by the late Mr. Avery for the extraction of a hair-pin from the urethra of a gentleman; and it is well worthy of being recorded for the benefit of M. Segalas and others. In this case the pin had been pushed about one inch and a half down the urethra, the two points looking towards its orifice. Mr. Avery firmly grasping the pin, squeezed the two ends of it together, and then with the other hand introduced down a straight tube—a divided catheter—which passed over the ends of the hair-pin. The hair-pin was then withdrawn, the elasticity of it keeping it firmly enough fixed in the tube when the pressure applied to it through the urethra was taken off.—*Med. Times and Gaz.*, Oct. 22, 1859.

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Results of Cancer Treatment by Caustics.—In your last number, you ask for information respecting the fate of persons

subjected to the *cure* of cancer by caustics. I will give the following as a contribution. A short statement of the case is published in the new edition of the *Surgeons' Vade-Mecum*, but I will give here a few details for which there was no room in that work:—

On May 15, 1857, I visited a lady who was undergoing the treatment. I did so at her particular request, in the hope, as she said, that I should be liberal enough to waive my prejudices against a concealed method of cure, in consideration of the inestimable benefits which it conferred on patients otherwise incurable.

The lady, aged 46, was the wife of a clergyman, and childless. Fifteen years ago she struck the left breast; a lump followed, which slowly increased, and during the last few years had become very painful. There was an enlarged gland in the axilla; which, together with the breast, and some glands above the clavicle, were the seat of frequent pain, both wearing and rheumatic, and at times neuralgic and violent. Yet, though an invalid, she was able to go to church, to enjoy society, and to help her husband in a very poor parish.

She had been seen by several surgeons, each of whom declared that the case was not fit for operation.

In this hopeless state, condemned to a life of slow misery, she described her feelings as most enthusiastically grateful, when she heard of the new cure. She believed, that in "special answer to prayer," relief had been sent her when all human hope was lost.

Accordingly, in March, 1857, she put herself under the care of a gentleman who made the cure of cancer by caustics his occupation. She took lodgings in the suburbs, to be near him, and soon found herself in the middle of a select cancerous coterie, to which the time of the Doctor was devoted.

On the 25th March, as she told me, operations were begun, by the destruction of the skin of the whole breast, including the nipple, and including likewise the skin over the enlarged axillary gland, by nitric acid. Her description of the agony caused by this process was most vivid. Night after night she used to sit upright in bed, moaning and rocking herself to and fro in agony. No fire could produce such a burning as she endured; and, as one consequence of the irritation of the breast, a most profuse flooding came on. Shortly, a portion of the slough was gently cut into ("as you would cut into the rind of roast pork," were her words) and various substances introduced into the cuts. The pain of this process was most intense and continuous; the discharge also enormous; but it appeared a part of the system, and a judicious one, that she was carried out every day into the fresh air of the garden, and was plied with wine and nourishment in the greatest abundance. Such was her state on the 15th May; she had escaped, as she said, imminent danger of death by exhaustion; and was feeble and haggard looking, but hopeful and confident in the extreme, begging me, if I had any cancer patients, to send them at once to be cured. One substantial benefit—little enough, by way of compensation—was, that she had lost the old cancerous pains above the clavicle. Be it observed, the slough had not separated at the time of my visit.

On the 18th of December, I saw her again: but now her story was a far different one. She said that the original slough was six weeks in coming away, and even then had to be cut away; and that the wound was but just healed, if healed it could be said to be; for in place of the breast, there was a large thin, red, shining cicatrix, glued to the ribs, which cracked and bled every time she coughed, and gave more pain than the cancer it took the place of. Her breathing was difficult, her cough incessant; there was a bunch of enlarged glands above the clavicle, and the lung was evidently infiltrated and solid. She was emaciated, and without strength or appetite, or hope. And now the change in the mental condition was remarkable. Whilst admitting the personal kindness she had received from the cancer curer, she condemned the whole treatment as a delusion, and hoped I should dissuade any one from making the same rash experiment. She gave me the names of three ladies who had been under treatment at the same time with herself, and who were already dead: and she followed in little more than a month. She died February, 1858.

The moral of the story is evident. A poor woman, with chronic cancer, whose life would probably (judging from the rate of progress of the disease) have lasted three or four years at the least, if left to herself,

during which she might have enjoyed many of the comforts of life, submits herself to one of the most barbarous proceedings imaginable (an old, obsolete, and proved-to-be-worthless process; so cruel, too, that no one would venture to do it openly in an hospital), suffers months of torture, cuts her life short, and makes it intolerable while it lasts. She ends with a scar twice as painful as the cancer, and with a disease which, instead of gnawing her shoulder, penetrates her ribs, and adds suffocation to her other tortures. And why all this? What is the keystone of her error and of that of thousands of others, especially among the clergy, who, as is well known and regretted, are the chief patrons of every kind of quackery? It is a want of practical faith in the Divine government of the world. "Labour is the price which the gods have set on all that is valuable," as Sir Joshua Reynolds has it. Providence seems to have ordained slow, painful research, generation after generation, as the means of getting a knowledge of the nature of disease, and the power to heal it. As the world is constituted, there is a large number of men who devote their lives to the acquisition of this knowledge, and who unitedly must be able to say what means of relief in the present state of science are within our reach, what means are safe, and what, whether safe or not, have failed. These men are no special caste, with exclusive secrets; on the contrary, they are our own brothers: they publish everything they know, and they have, instead of repugnance, a very greediness for new discoveries in their art. Is the Almighty likely to deny to their honest industry and open benevolence a knowledge which He would give unasked to dreaming adventurers? But these unfortunate patrons of quackery think to get to the end by a short and private road; they want wonders and miracles, and fancy that the Almighty reveals special modes of cure to those who conceal them, or sell them for their own exclusive benefit. I am, &c.

R. Druitt.

Med. Times and Gaz., Oct. 15th, 1859.

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Electricity as a Remedy for Madness.—M. Teilleux has been investigating the effects of electricity on mad women, and avers that the remedy is often of service. He also occasionally uses it as a means of coercion, instead of the straight waistcoat and douche; but doesn't say how it is applied in this sense.—*Ibid.*

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Cholera at Bruges.—Towards the beginning of last month (Sept.) warnings were given of the presence of cholera, which has progressed with alarming strides. The ordinary mortality of the town is two or three daily, but for some time past it has averaged from twenty to thirty, and on the 5th inst. we learn on official authority that it reached the unprecedented number of 40, or the rate of 280 a week. The population of Bruges consists of 50,000 souls, so that having regard to the difference of numbers, this is equal to a mortality in London of 15,000 to 16,000 weekly.—*Ibid.*

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Sir Astley Cooper Prize.—The physicians and surgeons of Guy's Hospital have awarded this prize ($1,500) to Dr. Crisp for his essay on "the Structure and Use of the Thyroid Gland."

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Sir James Clark.—The announcement which has been made that this eminent physician has resigned his appointment as physician to the Queen of Great Britain is incorrect.

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Paris Society of Surgery.—This body has just been recognized officially by the French Government as an "establishment of public utility"—a proceeding equivalent to that of granting a charter in this country. The society was founded in 1843, by 17 hospital surgeons, having M. Bérard, Jr., as its first president. At the present time it consists of 35 titular members; 7 honorary members, among whom are MM. Velpeau and Cloquet; 11 members of the Academy of Medicine; 46 national correspondents, almost all of whom are at the head of the principal civil and military hospitals; 16 foreign associates; and 28 foreign correspondents—making in all 143 members. During the fifteen years of its existence, the society, in spite of the various events which have occurred, has never suspended its meetings, and has always continued to labour zealously. It has published four and a half volumes in 4to. of valuable memoirs, and eight volumes in 8vo. of "Proceedings." It has also established prizes; and has succeeded in inducing the most illustrious names of modern surgery to participate in its labours.

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The book which has been passing through the Library Department of the Medical News, "Habershon on the Alimentary Canal," is completed in the present number (December, 1859). The work selected for the year 1860, is—

CLINICAL LECTURES ON THE DISEASES OF WOMEN,

BY PROFESSOR SIMPSON, OF EDINBURGH,

which will be commenced in the January number.

These lectures, which have been appearing during the past year in the "London Medical Times," have been published under the supervision of the author, and carry with them all the weight and authority which his distinguished reputation and extended experience can give. They are thoroughly illustrated with numerous handsome wood-cuts of pathological conditions, instruments, etc., and cannot but form a very attractive feature in the "News," and prove of much value to the general practitioner.

Subscribers to the "American Journal of the Medical Sciences" who desire to secure this important series of lectures, free of cost, will do well to remit their subscriptions (Five Dollars) for 1860, without delay.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Ligature of the Common Carotid on Account of Hemorrhage following the Puncture of an Inflamed Tonsil.—On Wednesday last Mr. STANLEY performed, at St. Bartholomew's Hospital, the operation of ligature of the common carotid under the following circumstances: A delicate-looking man, aged 24, had been admitted on Monday night, with the history that on the previous Friday a surgeon had made a puncture in his left tonsil, and that successive attacks of hemorrhage had since occurred. It appeared that he had been subject to attacks of inflammation of the tonsil for some years. At the time of the incision the loss of blood had been considerable, but not so much as to prevent the man from walking to his home. He considered himself at the time to have been much relieved. All went on well up to Monday night, when the bleeding recurred. At the time of his admission he estimated his loss of blood at about a pint. The solid nitrate of silver was applied to the part with the effect of apparently arresting the bleeding for a time. Early in the morning, however, another hemorrhage took place, and the nitrate of silver in solution was again resorted to. Between ten and two o'clock he had lost about a pint and a half of florid blood. At two o'clock (the time of Mr. Stanley's visit), a consultation was held, and it was decided to try the application of ice, and, should the bleeding still continue, to apply a ligature to the common carotid. From this time until about two o'clock in the afternoon of Wednesday, the loss of blood was very trifling. About the last-named hour, however, a relapse occurred, and about half a pint of florid blood was lost. A consultation was again held, and Mr. Stanley decided at once to resort to the

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operation. The operation was performed in the usual manner, and quickly accomplished.

On the morning following the operation, we were glad to learn that the subject of the above case was doing well in every respect. No cerebral symptoms had occurred, nor had there been any return of the hemorrhage. We shall, of course, revert to this interesting case at some future time, and acquaint our readers with its further progress.—*Med. Times and Gaz.*, Oct. 29, 1859.

—

Severe Hemorrhage from the Tonsil arrested by the Solution of the Perchloride of Iron.—The following case of severe hemorrhage admirably illustrates the beneficial effect of the perchloride of iron as a styptic. Mr. Henry Thompson was called to see it at the Marylebone Infirmary, at midnight, on the 22d of October, and took with him a bottle of the solution of the perchloride of iron (French Codex), and a glass brush. He found a woman propped up in bed, pale and almost pulseless, with a large vessel of coagulated blood at her side, and the bed clothes bespattered in every direction. She could not speak so as to be understood, and finding that she was bleeding from one or both tonsils, Mr. Thompson passed his finger into the fauces, and discovered a small opening, as if from incision previously made, in the front of the right tonsil; blood was evidently flowing fast from it. Binding a piece of lint round the entire left forefinger, so as to form a mop, pressure was kept upon the wound, until he could apply the solution, which was done freely two or three times. This at once arrested the bleeding, which recommenced in a quarter of an hour, and was again stopped by the same plan. There was no return after this, and she is now recovering rapidly.

In default of the aid thus rendered by the styptic solution, Mr. Thompson had made up his mind to tie the carotid artery; but the efficacy of the treatment was so striking, that the operation was not required.

There can be no doubt, as in the foregoing case of Mr. Stanley, that the carotid artery was punctured in the following instance, the notes of which were taken by the house-surgeon to the Infirmary:—

Sarah O———, aged thirty five, charwoman, married, was admitted into the Marylebone Infirmary on Saturday, the 22d of October, at twelve o'clock, midday, with acute tonsillitis. At half past ten the same night, considerable hemorrhage set in, when she lost altogether about three pints and a half of blood. The hemorrhage continued till after twelve o'clock, the blood being continually coughed up in large red clots. She states that a surgeon saw her on the previous Thursday, and that he lanced the throat (she does not know on which side). No pus, but about a pint of blood, was lost. The next day he lanced the other side, when about half a pint (as well as she could judge) of clear blood came away. From that time she had no bleeding up to half past ten o'clock on the next night (Saturday). No blood was lost after the application of the iron. Has been doing very well ever since. The house-surgeon found, by measurement with water, that there were three pints of blood in the vessel, besides the quantity about the bed, making quite the other half pint.—*Lancet*, Nov. 19.

—

Epithelial Cancer of the Lips.—Isolated examples of this form of cancer of the lip are occasionally presented to the notice of the pupils at the different general hospitals in London, and, when the disease has not extended too far, it is removed by operation. On the occasion of a single visit to the Cancer Hospital, we observed the following cases:—

A man, sixty-eight years of age, had the left side of his lower lip affected for a year with a distinct epithelial cancerous ulceration, slowly enlarging. It had now almost entirely healed by the application, three times a day, of equal parts of almond oil and solution of diacetate of lead (two drachms of each). This has a soothing and drying-up effect, and absorbs the surrounding induration.

Another man, sixty-one years of age, had been the subject of cancer of the middle of the lower lip for fourteen years. It had been removed ten years ago, at St. George's Hospital, but recurred some time afterwards. From being very large it had diminished to the size of a shilling, and was drying up or scabbing over by the simple application of distilled vinegar and Goulard's lotion.

A third example was that of a man, fifty-eight years of age, with the same disease affecting the left side of the lower lip for four years. He had never been operated upon, and was being treated with apparent

advantage by the local application of spirits of turpentine three times a day.

A man, aged forty five, had his lip and submaxillary glands affected. The diseased part of the lip was excised by Mr. Stanley, at St. Bartholomew's Hospital, about eighteen months before, the whole duration of his disease having been now three years. The lip remained well after the operation, but the glands in the submaxillary space of the same side of the neck began to enlarge and suppurate shortly afterwards. This is not a favourable case to treat, from the deep extension of the disease; but, under the use of an embrocation of lead, with tonics, the man was greatly improving.

A Chelsea pensioner, aged seventy one, had a cancer removed from the right side of his lower lip two years ago, by Dr. Marsden, at the Cancer Hospital, Brompton. The disease returned, but has dwindled to a mere scale or superficial scab by the use of the soothing lead lotion.

In these five cases, which we had the opportunity of thus seeing together, there was an absence of the offensive secretion usually observed. The sores had a healthy appearance, and the patients felt that they were getting better. Without exception, all had been old smokers, and the disease was evidently traceable to the unglazed stem of a tobacco pipe. In none did it appear to be specially inherited.

On the 19th July, two cases of cancer of the lower lip were submitted to operation at Guy's Hospital. The first presented the usual characters of the epithelial form of the disease, occupying the right half of the lip, involving the mucous membrane. It was removed by Mr. Hilton by a V incision, and the edges of the wound were brought together by needles. The second was a case of greater interest, in a middle aged man, in whom there was no breach in the continuity of the mucous membrane, but a distinct tumour occupied the middle of the lower lip, projecting forwards. It was excised, in a manner similar to the previous case, by Mr. Birkett. On making a section of the tumour, it was found to be a distinct nodule of true carcinoma, of the size of a marble, and with none of the characteristics of epithelioma about it. Both of these patients were old smokers, but it was only in the first that the disease could clearly be traced to the effects of the stem of the clay pipe. Union by first intention ensued in each case.—*Lancet*, Sept. 17, 1859.

Insensibility from Attempted Drowning; Recovery after Two Hours by the Marshall Hall Method, with other Treatment.—Although the period of submersion in the following case could not be ascertained (it was probably under four minutes), yet it was long enough to produce complete insensibility and asphyxia, which continued for two hours after admission. The pulse at the wrists was imperceptible, but the heart could be heard beating very feebly on listening at the walls of the chest; and so long as the circulation continues through the great central organ, it is an encouragement to persevere in efforts to restore life, even in apparently most hopeless cases. When the heart's action ceases entirely, the general conviction is, that the success of exertions to restore it is very doubtful; and it will be recollected that the officers of the Royal Humane Society, whose experience in cases of drowning is considerable, state that a recovery is rare when individuals have been more than four or five minutes under water. In the subjoined case, the Marshall Hall method, assiduously applied, conjoined with other measures, proved successful in restoring animation, and a recovery ensued.

Mary T———, aged twenty-two, a robust woman, in service as a cook, was brought into Westminster Hospital, in August last, having attempted to destroy herself by drowning in the Thames, near Westminster bridge. She was quite insensible, her pupils dilated, her extremities cold, face and lips rather livid, and the pulse imperceptible at the wrist. The heart could be heard beating very feebly beneath the mamma. She was at once stripped of her wet clothes, dried, and wrapped in blankets, her head and shoulders being raised. Dr. Marshall Hall's method was then adopted, diligent friction from below upwards being at the same time employed. Snuff and other irritants were applied to the nostrils, a strong mustard poultice placed over the heart, and brandy, which she was induced to swallow only with considerable difficulty, was given freely from time to time. This plan, which was quite successful, was persevered in for nearly two hours, in the course of which she twice, by convulsive twitchings of the facial muscles, &c., gave signs of returning animation, but on both occasions relapsed into a state of profound stupor. After two hours, however, consciousness and respiration were fairly established, and the patient was re-

moved into St. Margaret ward, where she is rapidly improving under the care of Dr. Fincham.

It may be mentioned that a sulphate of zinc emetic was administered, and relieved her, after her removal to bed, of a quantity of undigested food and Thames water.—*Ibid.*

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Birth of a Child through a Central Rupture of the Perineum.—As is well known to every accoucheur, when the perineum becomes ruptured during labour, it is generally from before backwards. It sometimes happens, however, that instead of the laceration occurring in that manner, the perineum is perforated at its centre by the head, and the child is born through this opening without passing by the os externum or vaginal outlet. This is a very rare form of injury, and is noticed in Dr. Rigby's *System of Midwifery*, p. 113.

At the present time there is a young woman in St. George's Hospital, who was recently confined of her first child (illegitimate). She was in labour from two o'clock in the morning until five in the afternoon; the head had well descended, and the perineum was carefully supported by a practitioner attending upon her, who observed that there was no disposition for the vaginal outlet to dilate, and permit the head to be born; but the perineum was enormously distended. Suddenly the centre of the perineum ruptured, and the head forced its way through, followed by the body of the child. Birth, therefore, took place without emergence from the os externum. She was subsequently admitted into St. George's Hospital, and is now under the care of Mr. Pollock. She was examined by Dr. Robert Lee, who observed that he had not seen a similar instance, and that it was one of great rarity. The edges of the rupture were brought together by Mr. Pollock; but the sutures ulcerated through, and now suppuration is going on between the lips of the wound. The rectum and anus are intact. The rupture commenced in front of the anus, and extended in two directions—on the right side beyond the vagina in an oblique direction, and on the left to about half the distance, leaving a tongue-shaped flap of integument pointing towards the anus. The parts have, however, considerably contracted since her labour, although the longest wound is nearly three inches in length.—*Lancet*, Nov. 19.

LECTURE.

Lecture on Sudden Death in Infancy and Childhood. Delivered at the Hospital for Sick Children, Nov. 12, 1859, by CHARLES WEST, M. D., Physician to the Hospital.

GENTLEMEN: A thorough investigation into the subject of *Sudden Death in Infancy and Childhood*, in all its bearings, would imply most minute research into some of the most difficult problems in physiology and pathology; a task for which I must own myself unequal, and one for which a single hour affords no sufficient time. But still, regarded even in its most obvious bearings, it must always be well worth the while of the practitioner of medicine to know when to be on the look out for sudden danger, or when, on the other hand, he may rest quiet in the certainty that, be the perils of a disease what they may, they will increase by but slow degrees, and ample warnings will precede their fatal issue.

The occurrence of sudden death in infancy derives part of its importance from the frequency with which it happens. It appears that out of 627 instances in which death took place suddenly within the London registration district in 1854, 236 were cases of infants under a year old. From that time, however, until with advancing years the processes of decay begin, sudden death is an accident of extreme rarity—so rare indeed that between the age of one and five years only thirty-six instances of its occurrence were met with; or not more than an eighth of the number stated to have happened in the first year of life. These statistics, however, do not by any means represent the subject in the full extent of its practical importance; for we are concerned, not with those cases only in which a state of apparent health is cut short by unexpected death; but also with those still more numerous instances in which disease, seemingly not grave, or at any rate apparently attended by no pressing danger, ends all at once in death.

When sudden death occurs in the aged, or in those in middle life, the anatomist is generally able to point to some definite cause of its occurrence; the cerebral vessels, rendered fragile by calcareous deposits in their coats, have suddenly given way, and allowed of the effusion of blood upon the brain; or an unsuspected aneurism has burst, or the heart's walls themselves, weakened by fatty

degeneration, have torn; or some ulcer of the stomach or intestines has perforated the thin membrane, and the escape of the intestinal contents into the abdominal cavity has produced intense peritonitis, and speedy, if not immediate death. The machinery, in short, is found to have been at fault; its movements have ceased, as do those of the watch whose main-spring is broken. In childhood, however, we scrutinize the frame, a few moments since so full of life, now still for ever, and yet fail to discover why it has ceased to move; the cause which stopped it had done no irremediable damage, had left, perhaps, scarcely a trace of its effects; it was but momentary in its action, and could we set the machinery once more in movement, there seems no cause why it should not again perform its functions as harmoniously as before. Or, if we do find some flaw in its completeness, yet, even that is seldom such as time might not have remedied, still more seldom such as by its nature to give account of the suddenness with which all the processes of life were arrested.

A little boy, eight months old, had cut two teeth at six and a half months, had always seemed well, save that now and then his hands were a little clenched, and his thumbs drawn into the palm. His bowels were slightly constipated; a small dose of castor oil was given him. He swallowed it readily, but had scarcely done so when he stretched out his tongue, his face turned livid, but was scarcely at all distorted; he did not struggle, he uttered no cry—scarcely a sound passed from him, and he was dead!—dead with no trace of disease; from mere momentary spasm, which, for a few seconds, stopped his breath; which, had it ceased sooner, would have left no cloud upon his face, nor quelled for a quarter of an hour his cheerfulness.

I have related this case, not merely because it serves as a specimen of the way in which in early infancy life is not infrequently cut short without any trace of local mischief being discoverable; but because it illustrates the fact that it is by sudden interference with the respiratory process that such death is oftenest produced. The suddenly fatal apoplectic seizures which we observe in the adult, scarcely ever occur in early life, nor do we often meet, except in instances of congenital malformation, with sudden death dependent on disease of the heart. But in the course of all affections which seriously interfere with the process of respiration sudden death is a contingency for which we should always be prepared, and this especially in proportion as the disturbance of breathing partakes of a spasmodic character.

Now, of all the forms of spasmodic disorder of respiration, that to which the name of spasmodic croup, or laryngismus stridulus, has been given, is by far the most frequent; and to it, probably, three out of four of the sudden deaths of children under one year old, are due. It is not that this ailment is generally fatal; for in proportion to the frequency of its occurrence, the mortality which arises from it is small; but it is that the fatal event is apt to be very sudden, which accounts for the anxiety wherewith its symptoms are watched by those who understand their import.

In early life, as you are aware, the excitability of the nervous system is far greater than in later years; and slight causes make a deeper impression, and produce a more profound disturbance, while the controlling power of the brain is smaller than it becomes in after life. In infancy, too, the sources of irritation are especially numerous; the branches of the trifacial nerve during the whole period of teething; the pneumogastric nerve, whenever, with a change of diet, food is taken that is not well assimilated; the spinal nerves, when intestinal disorder or diarrhœa is produced, are so many centres, whose disturbance when once excited betrays itself in the thumbs drawn into the palm, in the somewhat hurried breathing, in the partially closed larynx, and the peculiar crowing sound which that occasions with each inspiration, and which disturbance need increase but a little—but for a moment—to produce complete closure of the larynx, and sudden death. For days—for weeks, perhaps—these trivial symptoms may continue; and if I now insist on their importance, it is because they are often accompanied by but little disorder of the general health—because they are seldom dependent on disease of the brain, or remediable by remedies directed towards it—because they often are so slight that the anxiety of parents is hardly excited by them, and the watchfulness even of the doctor is apt to fall asleep. I do it also because the avoidance of the dangers they betoken depends on the observance of a number of minute particulars which may seem scarcely worth the notice; because sudden noises,

which startle—a rapid change of temperature, which chills the surface, though only for a moment—a rude awakening from sleep—or even an over-hasty or an over-full meal, which interferes with the descent of the diaphragm—any cause, in short, that deranges the regular rhythm of the respiratory movements, may give rise to spasm, and this spasm may prove suddenly fatal.

In the out-patients' room of this hospital you will see many such cases; and it is no bad exercise to learn to notice and to interpret signs that would readily escape the eye of the unobservant; although they are the indications of a state of system in which, while the prospect of well-doing vastly preponderates, yet the chances of sudden death are never to be lost sight of.

In cases of this description, too, when once convulsions have occurred, a new element soon comes into play, which aggravates the danger and increases the frequency of the attack. The blood imperfectly depurated, if the disturbance of respiration has been considerable, seems in itself to exercise an injurious influence, by increasing the irritability of the nervous system, and thus promoting the return of the attack. If once convulsions have occurred, the probability of their recurrence is much increased; and the oftener they have happened, the more often are they likely to return, and the graver is the prognosis which you are compelled to form. This rule holds good, too, not with reference merely to spasmodic croup, but with reference to all spasmodic affections of the respiratory organs, and hooping cough affords one of its best exemplifications. In some fit of coughing more violent than any of the others, the spasm of the larynx is of longer continuance, the face grows livid, a fruitless expiratory effort is made, and before the spasm relaxes a convulsion takes place. This convulsion is but very seldom a solitary one. You notice that for hours it is succeeded by very accelerated breathing; by which, however, the blood is very imperfectly depurated, as you see by the lips, which never resume their natural colour. At length the disturbance once more reaches its climax, and another, and then another convulsion occurs, with a gradually-diminishing interval, until death takes place. If, in such circumstances, you watch a child, you will notice how carefully it avoids every movement—how it remains in the same posture, occupied apparently altogether with the business of carrying on its respiration as gently and quietly as possible. Change its posture rapidly, excite it by sudden entrance into the room, disturb it by a violent emetic—interfere, in short, in any way with the regular steady performance of its respiratory movements—and convulsions will come on, and in these convulsions death is likely to take place.

Some years ago I learnt this lesson in the case of a little boy, six years old, in whom hooping-cough set in with great oppression of the respiration, though that was out of proportion to the signs of local mischief detected on auscultation. I treated him with greater activity than I should now do, and gave him tartar-emetic, which failed, however, to reduce the frequency of his respiration, or to improve his condition. Still his state was one suggestive rather of anxiety for the future than of present danger. He was breathing carefully, anxiously, as though respiration were a function which required all his attention for its performance. Wishing to auscultate him, I had him lifted out of bed on to his mother's knee; but scarcely had he assumed the upright posture when a fit came on, in which he struggled much, his face became livid, almost purple; and though in less than three minutes the convulsion was over, it left him ashy pale, with a very feeble pulse, and perspiration streaming from every pore. He lived for thirty-six hours longer, but his respiration never resumed its natural frequency; a second fit occurred, six hours after the first; and then a third, which rendered his pulse still feebler. He lay now on his back, uttering a piteous moan, his face livid and miserable, his eyes dim, and though his pupils acted naturally, he yet complained that he "wanted more light." A fourth fit lasted several hours, and left him insensible; with the death-sweats on his face, and his eyes distorted, then came a fifth, which lasted for but a few minutes, when he died tranquilly.

There were here no morbid appearances in the brain, the lungs were extensively congested, and their lower lobes were in the first stage of pneumonia. The blood was imperfectly aërated; but, even so, while no demand was made for more adequate performance of the respiratory function, dangerous symptoms did not appear. The child's posture was suddenly altered, his circulation quickened, attempts at more fre-

quent respiration in order to keep pace with the increased necessities of the system did but issue in an attack of spasm, and another, and still another, returned causelessly, till at length what we can scarcely call other than a *needless* death occurred.

There would be no difficulty, if time allowed, in multiplying illustrations; but it is scarcely necessary to do so, and we may sum up the chief conclusions, to which thus far we have been conducted, as follows:—

1. That sudden death in infancy and early childhood is most frequently dependent on spasmodic disturbance of the respiratory process.

2. That the occurrence of a single convulsion from such spasm renders it in the highest degree probable that others will follow it; and consequently implies a far greater risk of sudden death than exists so long as no such convulsion has taken place.

3. That when any spasmodic disorder of respiration is present, it is impossible to be too careful in avoiding any sudden impression on the nervous system, any sudden change of temperature, any hasty alteration of posture; in short, any cause whatever by which the respiratory process may be disturbed.

The next fact, to which I desire to call your attention, is the occasional occurrence of sudden death wholly independent of spasm, but in consequence of the sudden attack or extensive invasion of the respiratory organs by disease.

One of the simplest illustrations of this occurrence is met with in those instances in which the lung has been but imperfectly expanded at birth; the child in such circumstances lingering with lessening powers and increasing weakness, till life comes to an end after the lapse of a few hours, or days, or weeks. Such death is very often sudden, and not infrequently preceded by convulsion; and this, although nothing in the infant's condition a few hours previously had indicated that it was less well, or that anything had diminished its chances of surviving its early difficulties.

Something of the same kind you may occasionally observe when—in the course of an attack of bronchitis or pneumonia—a large extent of lung has suddenly become collapsed, and the amount of breathing surface has thus been lessened considerably, and all at once. Such an accident is likely to happen in proportion to the tender age of the child, and its possibility is always to be borne in mind as governing your prognosis, and as suggesting an explanation of the otherwise inexplicable death of a patient. The frequent visits to a young infant suffering from pneumonia, the often-repeated auscultation, the minute watching of little indications of its condition, have reference to such contingencies: the attention to its posture, the keeping its chest somewhat elevated, the not allowing it to lie long on one side, but shifting it frequently from the one to the other, are precautions prompted by a knowledge of the fact that collapse of the lung may take place suddenly, and that its sudden collapse may be followed by sudden death.

Now and then, though far more rarely, mere bronchitis or mere pneumonia is the occasion of sudden death in early life; and this sometimes even when neither the extent of tissue involved, nor the stage which the inflammation has reached, is adequate to account for the fatal issue of the case.

Just twenty years ago I saw a little boy aged one year and eight months, who was reported to have had a slight feverish attack for a few days before he came under my care. This still persisted, and on auscultating him a slight mucous *rale* was heard at the base of both lungs. At the end of four days he seemed a little better; at 5 P. M., he took some food with appetite, but at 9 P. M. he suddenly became faint, seemed dying, and actually died at two o'clock in the morning. No explanation of this sudden death was furnished by the post-mortem examination, which discovered only that the lower lobes of both lungs were in the first stage of pneumonia.

In M. Louis' *Memoir on Sudden Death*, that distinguished physician, though treating of it in the adult, subjoins in a note[1] the history of a little girl four years old, who was suddenly seized by convulsions when apparently in perfect health on January 4. The convulsions were brought on apparently by a violent quarrel. She soon recovered from them, but was attacked thirty-six hours afterwards by shivering, followed by heat, cough, and pain in the left side where the auscultatory evidences of pneumonia were perceptible. She improved under treatment, and, on January 11, was decidedly better. In the evening she was

[1] Mémoires on Recherches sur diverses Maladies. 8vo. Paris, 1826, p. 601, note.

cheerful, sat up in bed and played with her toys as if she were well. At ten o'clock she went to sleep, woke and coughed at midnight and at three in the morning. On the latter occasion the cough soon ceased, and the child began talking to her mother, and complained that she had not stayed with her all the night. While uttering the word she died.

In this case it was thought that the right half of the cerebellum was somewhat less firm than the left; but the only condition which could be termed actually morbid, was presented by the lower lobe of the left lung, which was in a hepatized state for rather less than half of its extent.

I have related these cases in order to impress on your minds that the degree or extent of pulmonary inflammation is not an absolute measure of its danger in early life; but that sometimes death occurs suddenly as an indirect result of the interference with the respiratory process I can only tell you the fact; I regret that I do not know of any criterion by which to distinguish the cases in which this sudden termination is most likely to happen.

Another class of cases in which disorder of respiration may be followed by sudden death comprises those instances where serous effusion takes place suddenly into the cavity of the pleuræ.

A little boy, not quite three years old, whose health had never been very robust, was brought as an out-patient to the Children's Dispensary, in Lambeth, on June 11, 1847, on account of a chronic impetiginous eruption on his scalp. On the night of June 12, he suddenly became hot, and his chest was much oppressed, but on the following day he was well enough to be out at play in the garden, and, on the 15th, was drawn a mile and a half in a perambulator to and from the Dispensary, when I saw him for the first time. He looked pale and ill, was feverish, and breathed with a wheezing noise; but there was nothing about him indicative of serious mischief; and in the hurry of prescribing for a large number of patients, I regarded him as probably a phthisical child, who had caught cold recently; I ordered some simple medicine for him, and at 1 P. M. he returned home. At three o'clock the same afternoon he suddenly became much worse, was very faint, breathed with extreme difficulty, and died at eight o'clock the next morning. Some serous fluid was present in the abdomen, and about ℥vj in either pleura, by which the lower lobes of both lungs were so compressed as to be almost destitute of air; but there were no signs of inflammatory action, and no other morbid appearance.

In some of the cases death is far more sudden. A little boy, aged 8 years, was attacked by moderately severe scarlatina. Slight anasarca appeared on the nineteenth day, which had somewhat increased, but was accompanied by no urgent symptom, on the twenty-second day, when he walked a distance of two miles without suffering serious fatigue After a rather restless night, he rose to relieve his bowels, and there was so little suggestive of danger in his condition, that his mother left him for a few minutes alone. On her return, he seemed faint, the bowels having acted but scantily. He was replaced in bed, when he immediately began to struggle faintly, and in five minutes was dead.

The lungs were compressed by abundant serous effusion into each pleura, and the pericardium also contained four ounces of fluid; but there were no other morbid appearances, with the exception of some congestion of the kidneys.

In any case, then, of dropsical effusion in early life, it behooves you to bear in mind the possibility of its very rapid increase; of the outpouring of serum into the cavity of the chest so suddenly and with so little warning as to endanger or even to destroy life. Just, too, as I have warned you in other circumstances, that hurried movements, bringing with them sudden changes in the circulation, and sudden demands on the respiratory function, cannot be too carefully avoided; so, in these cases, is the same precaution preëminently necessary. If the child had not travelled in its perambulator in the one case, had not been allowed to get out of bed unaided in the other, death would probably not have occurred when it did—would possibly not have occurred at all.

It seems, then, contrary to what were most probably your preconceived impressions, that sudden death in early life is most commonly due to some disturbance, direct or indirect, of the respiratory function; that either sudden spasm arrests it, or, disease having interfered with its perfect accomplishment, some sudden demand for its complete exercise issues in the sudden

stand-still of the whole machinery. Neither, indeed, does disease of the brain itself stand next in importance among the causes of sudden death; but after these cases in which death may be said, in technical language, to take place from apnœa, come those in which it depends on asthenia; in which life goes out for want of nervous power to keep the vital functions in activity.

It is in this manner that sudden death is apt to occur in diarrhœa; it is thus, too, that it sometimes takes place in early infancy when over-active treatment has been adopted for the cure of pneumonia or bronchitis; or when, independent even of over-treatment, the attention has been so engrossed by the *disease* that due care has not been taken to provide for the nourishment of the patient. This class of sudden deaths, though by no means rare, may be said to be almost needless, inasmuch as its occurrence may, by due foresight, be almost always guarded against. The accident is perhaps more likely to happen and more difficult to prevent in the course of diarrhœa than of most other disorders, since the infant is exhausted not merely by the abundant discharges, but also in many instances by the severe pain which accompanies them. The danger, too, is great in proportion to the tender age of the infant; and it is in relapses of diarrhœa that the hazard is most considerable, and the warnings which foreshow it are the slightest. A return of the disorder of the bowels, which for some hours, or for one or two days, had seemed diminishing, has rekindled the apprehension of relatives; when, once again there comes a diminution of the previous apparent distress, a lessening of the restlessness, a quieting of the previous plaintive moan; and though the diarrhœa is not much diminished, yet at any rate the disorder of the bowels is not growing worse, and probably has at no time been so considerable as at its first onset. The apparent good is hailed with joy; the fact that this change may after all import evil, not good, is lost sight of; the little things which show their real meaning are not noticed, probably not observed, for they are nothing more than a slight dilatation of the pupils—so slight that in the darkened chamber it is not noticed; an apathy to external objects and sounds, which seems, perhaps, to be only the good result of the hushed stillness maintained around the darling's cot; a loss of the power of generating heat, which the tender officiousness of the mother renders almost imperceptible. Such, however, are often the only precursors—the harbingers, if you understood their mission, of the sudden collapse which, in an hour or two, is followed by a death as quiet often as a falling asleep.

Even these premonitions are not always seen, but when young infants are already much exhausted, the disturbance of the nervous system, slight though we may fancy it, which accompanies the action of the bowels may suffice to upset the whole balance of the functions. A slight convulsion, a sudden dilatation of the pupils, a momentary sigh, and all is still in death.

Should I do nothing more, I shall be well content to-day, if I can impress upon you how little things are to be noticed, little precautions to be observed, little dangers to be avoided in the diseases of infancy and childhood.

Though it is in the course of diarrhœa that the danger of sudden death from exhaustion is most to be watched against, yet your own experience will suggest to you many other circumstances in which you are likely to encounter it. You will meet with it in cases of pulmonary inflammation; the disorder of the respiratory function of itself disturbing the nervous system, and predisposing to the same occurrence which your active treatment (necessary, perhaps, at first, though now too long continued) tends in another way to produce.

I remember being called to see an infant three months old, who had had a slight attack of bronchitis complicating measles, for which it had been treated very judiciously by its medical attendant. The mischief in the chest was clearing up, the child was much better; anxiety was almost over; when suddenly the inspirations became again hurried, the pulse extremely rapid, the child took no notice, it seemed dying. The explanation of these symptoms, however, was not far to seek; the infant was at the breast, but its mother herself was ill, her secretion of milk scanty; her babe had but little power to suck, and got but little even of the small amount of nourishment which there was for her; in a few hours more her death all but suddenly would have taken place. A few drops of brandy revived her, a meal of ass's milk renewed her strength, and in a few hours the transition

from imminent peril to perfect safety was complete.

One word more of caution applicable to the management of convalescence from all exhausting diseases in early life. Too great care cannot be taken that no needless exertion is made, no sudden change of posture permitted, no protracted withdrawal of nourishment allowed even during the hours of sleep. Some years since, I watched a little boy through severe remittent fever; the grave symptoms were at an end, and though the child was extremely weak, convalescence was fairly established. He had restless nights, however, on which account a small dose of Dover's powder was given him towards evening. He slept the better for it, though still waking up, and taking food during the night. On the third night the same dose was again given him; he slept so well that his nurse did not like to disturb him; she lay down beside him and slept too, when morning came he was dead, he had passed away quietly in his sleep. I have never since forgotten the danger, nor omitted to caution the attendants of a child, that they must still be watchful, even when recovery seems most certain.

And now I have enumerated a great variety of circumstances in which sudden death may take place, but yet have not spoken of disease of the nervous centres themselves as tending to its production. I did so advisedly; for in spite of the extreme susceptibility of those organs to disturbance from causes almost numberless, yet it scarcely ever happens that structural changes are discovered in them sufficient to account for sudden death; though, as I scarcely need remind you, actual organic disease of the brain is even more frequent in the child than in the adult. Of twenty-one instances of sudden death which occurred in infants under three years old in the city of Ratisbon, MM. Herrich and Popp,[1] whose official duty it was to make an examination of all such cases, did not meet with one in which any important morbid appearance was discovered in the brain. For this fact I imagine the two most important reasons are:—

1st. That in early life the cerebral vessels have not undergone those changes by which, in later years, their coats are rendered brittle, and they are disposed to give way.

2d. That the unossified skull, while it allows during infancy and early childhood, of a greater fluctuation in the quantity of blood circulating through the brain than is possible when ossification is complete, yet, at the same time, renders such changes far less serious; the yielding *fontanelles* and unclosed sutures allowing of the ready adaptation of the organ to its varying contents. Even the actual effusion of blood into the cavity of the arachnoid seldom causes immediate death, but oftener is the first step in the production of a hydrocephalus which lasts for months or years, a standing illustration of the power of the skull to accommodate itself in early life to great changes in its contents, and of the brain to discharge its functions under conditions which, at first sight, would seem of necessity to preclude their performance.

That most intense congestion too consequent on sun-stroke, of which we see instances now and then even in our temperate clime, generally subsides in the course of a few hours; and oftener than might have been expected it passes away without leaving behind any evidence of abiding mischief having been inflicted on the organ whose circulation had been so rudely disturbed.

Now, from this sketch, very short and very imperfect as I full well know it to be, some lessons of practical value may still be gathered. Of them, the chief are—

1st. That in the great majority of instances, when death suddenly befalls the infant or young child, it is an *accident*: it is not a necessary inevitable result of any disease from which it is suffering.

2d. That the danger of this accident happening may often be foreseen, and that such foresight is not hard to attain by any who will cultivate the habit of minute observation. I read a few days since of how the elephant-hunters in Ceylon,[1] when tracking that sagacious beast through its native forests, since on account of his acute sense of smell "it is indispensable to go against the wind in approaching him; when the wind is so still that its direction cannot otherwise be discerned, will suspend the film of a gossamer to determine it, and shape their course accordingly." And so you, too, will find that things which seem as slight almost as the gossamer film may serve to indicate, to those who watch them well, changes as momentous as those on which depends death or recovery.

[1] "Der plötzliche Tod aus inneren Ursachen." 8vo. Regensburg, 1848, p. 126.

[1] Sir E. Tennent's "Ceylon," vol. ii. p. 337.

3d, and lastly. As small things portend the danger, so small things go far towards warding it off—food, warmth, posture, quiet; little matters, such as you may think the nurse's office more than yours, are those which over and over again turn the scale upwards or downwards and many an infant's life has been saved or lost by observing or neglecting points which one is but too apt to lose sight of as utterly beneath the dignity of science.—*Med. Times and Gaz*, Nov. 26, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Return Home of some Southern Medical Students.—Many misrepresentations having been put forth with regard to the return home of some southern medical students from this city, and the number who have gone having been greatly exaggerated; we think it proper to publish the following statement from one of our colleges. We may be allowed to add that the instigators of this movement, there are strong reasons for believing, have been prompted in this action by a desire to gratify private feelings rather than by patriotic sentiments, and we have no doubt but that some of these misled young men will, on sober second thoughts, retrace their steps:—

Statement from the University of Pennsylvania.—In order to correct the erroneous statements which have been published with reference to the number of students who have recently left the University of Pennsylvania, it is deemed proper to inform the friends of the institution that, out of a medical class numbering considerably over five hundred, not more than eighteen of its members, so far as can be ascertained, have left the city.

R. E. ROGERS, M. D.,
Dean of the Medical Faculty.

Since the above was in type we learn that our anticipations of the return of a portion of those who had left the city have been verified.

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Pathological Society of Philadelphia.—At a meeting of this society, held on the 14th of October, the following were elected the officers for the ensuing year:—

President.—Alfred Stille, M. D.

Vice Presidents.—R. La Roche, M. D., and Edward Harishorne, M. D.

Treasurer.—Addinell Hewson, M. D.

Secretary.—J. Da Costa, M. D.

Assistant-Secretary.—J. R. Kane, M. D.

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Long Island College Hospital.—A new medical school has, we are informed, been organized under this title at Brooklyn, New York, which will commence its first session on the 26th March, 1860. The faculty are: Austin Flint, M. D., Practical Medicine; Frank H. Hamilton, M. D., Surgery; John C. Dalton, M. D., Physiology and Microscopy; R. Ogden Doremus, M. D., Chemistry and Toxicology; James D. Trask, M. D, Obstetrics, &c.; D. C. Enos, M. D., Anatomy; E. N. Chapman, M. D., Materia Medica and Therapeutics; Joseph C. Hutchison, Surgical Anatomy and Operative Surgery.

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Medical Department of Lind University.—The first annual course of instruction in this school commenced on the 10th of October last, with a class of 26, 14 of whom are in the junior and 12 in the senior class.—*Chicago Med. Exam.*, Jan. 1860.

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The Chicago Medical Examiner.—This is the title of a new journal edited by Drs. N. S. Davis and E. A. Steele, the first number of which has appeared, bearing date of January, 1860. We are happy to offer it a friendly greeting.

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Obituary Record.—We record with regret the death of Oscar L. Dewees, M. D., youngest son of the late Dr. Wm. P. Dewees, formerly Professor of Midwifery in the University of Pennsylvania. This sad event occurred on the 6th of December, at Livingston, Miss., where he has been for some time practising his profession.

FOREIGN INTELLIGENCE.

Death from the Inhalation of Chloroform in Paris.—The following are the particulars of a case of this, which lately occurred in one of the Paris hospitals.

The patient was a woman, about fifty years of age, a servant in a family. On the 20th ultimo, she had a fall on a staircase, and was admitted into the Charité Hospital, where she was put to bed, the lesion not being sufficiently defined to induce the house-surgeon to proceed at once to reduction.

On the next day the surgeon, M. Manec, found a dislocation of the shoulder, the symptoms of which were less plain than usual. Attempts at reduction were unsuccessful, and gave considerable pain, so that the use of chloroform was clearly indicated.

It was given on a single compress, whilst the patient lay in bed. In a minute, the stage of excitement was reached; and, in about another minute, the face became congested, she screamed a little, and some muscular rigidity was observed. Tranquillity, however, soon returned, the compress was removed and the patient remained a few seconds breathing with some difficulty; but respiration soon became normal, and chloroform being again applied, complete relaxation was observed.

The patient was now placed comfortably, the head somewhat low, and rough laryngeal snoring set in. Extension was now used, and the house-surgeon, under the direction of M. Manec, reduced the luxation, the usual snap being heard by all present. Every one now left the patient, including the pupil who had watched the pulse, and who had taken his finger from the wrist when the reduction had been effected. The house-surgeon alone remained by the bedside, and was moving the arm about to find out whether there were something unusual in the joint, as the symptoms had been so obscure. In replacing the arm on the patient's chest, he perceived that she was hardly breathing. He immediately put his finger into her mouth, and called M. Manec, who was washing his hands at the foot of the bed. The depression of the tongue produced no effect; the breathing ceased completely, and the face, from being deep purple, became deadly pale. Ammonia, artificial respiration, cold air, cold water, and electricity were used in quick succession, but fruitlessly; and, after twenty minutes' strenuous efforts, the case remained hopeless.

The autopsy was performed twenty-four hours after death, and presented the following features: Some serum in the pericardium, concentric hypertrophy of the heart without any valvular disease; some pleuritic adhesions; marks of contusions about the surface of both lobes of the right lung; and passive congestion of the central portions of both lungs, the vessels being clogged with black, diffluent clots. A little serum under the arachnoid; meninges healthy; vessels, toward the anterior portion of the brain, and the basilar artery, filled with black fluid blood; sinuses containing very little. Cerebrum congested, the gray more than the white matter, especially on the posterior part of the hemispheres, where the vessels were dilated; pons and medulla oblongata not congested; the pia mater covering them seemed of a deeper tint than usual. Other viscera healthy.

This case will go far to impress upon those who are often called upon to administer inhalations of chloroform, not to leave the patient when the operation is over, until recovery has taken place. We may here add that, for some time past, chloroform has been entirely relinquished by the surgeons of Lyons, who use no other anæsthetic than ether. This change occurred in consequence of formal resolutions adopted, on the 12th of April last, by the Imperial Medical Society of Lyons. M. Paul Diday, the talented editor of the *Gazette Médicale de Lyon*, publishes a very strong article in the number of the 1st inst., and warmly recommends that chloroform should make room for ether. —*Lancet*, Dec. 10th, 1859.

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Sulphuric Ether Substituted for Chloroform at Lyons.—At Lyons, the second city in France, sulphuric ether has almost universally superseded chloroform both in hospital and private practice; and as the result of a recent discussion at the Medical Society of that town, the following resolutions were passed unanimously: "1. Sulphuric ether employed as an anæsthetic is less dangerous than chloroform, no accident, indeed, having followed its exclusive and abundant employment at Lyons during eight years. 2. Anæsthesia may be as constantly and as completely induced by it as by chloroform. 3. If ether gives rise to inconveniences which are not produced to the same extent by chloroform, these are of little consequence as compared with the dangers inherent to the use of the latter. 4. Ether should, therefore, be preferred to chloroform." It was proposed that the fact of using chloroform should be stigmatized as imprudent; but the society declined taking this step, contenting itself with declaring that ether fulfils the same indications as chloroform without giving rise to the same dangers.—*Med. Times and Gaz.*, Nov. 26, 1859.

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New Operation for the Relief of the Pain in Acute Glaucoma.—The operation which

has been suggested by Von Grafe for the *cure* (?) of glaucoma, is described as follows in the eighth edition of Druit's *Surgeons' Vade Mecum*, just issued from the press: "He makes a small linear incision in the sclerotica one millimetre behind the cornea, and removes a sixth of the iris. Von Gräfe gives no theory whatever, and candidly says that his practice is wholly empirical." We have seen this method put into practice several times, and, we must acknowledge, with relief to the pain; but the plan resorted to by Mr. Hancock is infinitely preferable, on account of the reasons mentioned in the details of the subjoined case, for which we are indebted to Mr. A. E. Sansom, house-surgeon to the hospital:—

Arthur H———, aged fifteen, a tall, tolerably healthy-looking youth, was admitted on the 8th ultimo. When he was five years old, he was hacking a mutton bone with a knife, when the latter slipped and wounded his left eye. From the effects of this accident he was confined to the house for some time. The pain soon subsided; but the sight of the eye was destroyed. There was no apparent breach of continuity. No pain recurred until May last; and then he noticed that the eyeball began to enlarge. He applied as an out-patient on the 7th of July. At first, by the treatment adopted, the pain was relieved; subsequently it remained stationary at one point of intensity. It has become worse since; swelling of the eyeball has been increasing. The pain is slight if the globe be still; but by the slightest movement or pressure, violent aching is occasioned. It was feared that the other eye was becoming sympathetically affected; and he has been overtaxing it lately by writing.

Condition of the eyes.—The right healthy; sight good. The left swollen to about twice the size of the normal eye; sclerotic vessels dilated; choroid not showing through the sclerotic; pupil dilated extremely, slightly irregular. Masses of the capsule of a disorganized lens are visible. The enlargement of the whole globe is uniform. He complains of great pain when the eyeball is touched, which feels very tense and hard to the finger.

Operation.—On the 9th of September, Mr. Hancock introduced a Beer's cataract knife at the junction between the cornea and the sclerotic, the blade being inclined downwards, the point proceeding inwards and backwards. The place of puncture was the commencement, on the outer side, of the lower semi-circumference of the cornea. The point of the knife, now having traversed obliquely the layers of the cornea, was pushed backwards towards the interior of the globe, thus dividing the ciliary ligament in a portion of its extent. On the removal of the knife, a quantity of discoloured fluid escaped.

Mr. Hancock, considering that the great pain was due to tension of the iris and ciliary ligament by accumulated fluid, the product of the disorganized parts behind, believes that all the indications for the relief of the suffering will be fulfilled by this operation. And its advantages are—

1. By the situation and oblique direction of the incision, a free drainage of the fluid is provided for.

2. The iris is very slightly wounded.

3. The pupil is preserved, of its original size, and in its normal situation.

4. The operation is very simple, and is performed remarkably quickly.

Sept. 10.—Except for an hour or so after the operation, the patient has suffered no pain. The operation gave relief. He has slept perfectly well; before this, he has been frequently awakened by the pain induced by pressure on the eyeball from turning in bed.

11*th.*—Eye perfectly easy during the whole day.

12*th.*—Not the slightest pain, even on considerable pressure; the eyeball feels much less tense; the pupil is less dilated; no prolapse of iris through the wound.

21*st.*—Has gone on uninterruptedly well since last report; there has not been the slightest pain; the size of the globe has sensibly diminished; the pupil is far less dilated than it was before the operation; and the globe, instead of being hard and resisting, now easily yields to the touch; pressure upon it occasions no pain —*Lancet*, Oct. 29, 1859.

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Ligature of the Common Carotid.—The Paris correspondent of the *Med. Times and Gaz.*, under date of Sept. 12th, writes as follows:—

"In the department of Surgery, the principal occurrence of interest which I have to chronicle is the ligature of the common carotid, which was practised some three weeks ago by M. Chassaignac, at the Hôpital Laribosière, and under circumstances demanding not only great presence of mind,

but all the higher qualities which go to constitute a skilful and successful surgeon. In the case in question, M. Chassaignac gave ample proof of the justness of his claims to be regarded as one of the leading operating surgeons of the French capital. The patient on whom the operation was performed was the subject of a tumour which appeared externally in the space between the mastoid portion of the temporal bone, and the inferior maxillary; and internally, formed a projecting mass in the back part of the pharynx. This tumour, which the patient had remarked only fifteen days before his entry into the hospital, was fluctuating; and, on minute examination, nothing resembling pulsation could be detected. Several ganglia in the sub-maxillary region were also swelled and hard. Under the impression that it was an idiopathic abscess, M. Chassaignac believed that the best course he had to follow was to make an opening for the evacuation of its contents. With a view to this, he carried a bistoury down to the bottom of the pharynx, and made a small puncture towards the outer edge of the tumour, but neither matter nor fluid of any kind followed. He then made a second puncture towards the inner edge of the tumour, and at a point corresponding with the median line of the pharynx. No sooner was the second puncture effected, than forth came a jet of arterial blood, which but too plainly showed that a serious error had been committed. M. Chassaignac, without a moment's delay, endeavoured to arrest the hemorrhage by thrusting his finger into the patient's throat, and exercising direct pressure over the wound. This proved, as might readily be imagined, of little avail. The blood continued to find its way past the sides of his finger into the mouth and throat of the patient, and produced temporary suffocation. Seeing that compression was useless, as exercised in this way, and the speedy and inevitable death of his patient staring him in the face, he, with an admirable *sang froid*, and great presence of mind, seized the carotid, together with the skin and intervening tissues, between his fingers and thumb, placed the man in a convenient position, and then and there proceeded to the ligature of the vessel *secundum artem*. The moment the artery was seized, the bleeding stopped, and it has not returned since the ligature was accomplished. A circumstance worthy of note connected with the case was the occurrence of complete aphonia almost consentaneous with the tying of the vessel, while distressing headache tormented the patient for several days. The loss of voice, a phenomenon by no means uncommon as a consequence of this operation (especially when, by accident, any of the filaments of the pneumogastric nerve happen to be injured or embraced in the ligature, it is sometimes permanent), continued in the present case only some forty hours; thus proving that notwithstanding the urgency of the case and the consequent absence of the usual preparations which such a delicate and dangerous operation demand, it had been ably and carefully performed. The patient's recovery from the effects of the operation is now nearly complete, and his health almost as good as ever. The original tumour remains almost in the same state as before, with this exception, that its upper surface has become firmer and harder, while its interior portion has become softer. The enlargement of the submaxillary ganglia which accompanied the tumour, has also disappeared. I am disposed to think (although M. Chassaignac does not admit it) that he is conscious of having erred in his diagnosis, and that, notwithstanding the absence of anything like pulsation in the tumour, he now believes it possible that he *must* have had to do with a case of aneurism. Such a mistake might happen to any surgeon, however great his experience; and if M. Chassaignac thinks he has had cause, in the first instance, for self-reproach as regards his diagnosis, he has the satisfaction now of having, by his skill and dexterity as an operator, fully repaired by his hands the blunder which his head committed. Supposing the tumour to be of an aneurismal character (which I think there is reason to believe it was), the probability is that the same surgical means thus employed *à l'improviste* would have, in the end, and after full deliberation, been had recourse to for its cure."—Oct. 1, 1859.

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The Number of Children a Woman can Bear.—The question of how many children a healthy woman can bear, during the child-bearing period of her existence, is one of some interest. If a couple live harmoniously together during a long life, and marriage has taken place very early, it is quite

possible that as many as 24 children may have been born to the state, at intervals reasonably short, and without their coming as twins or triplets. Amongst the poorer classes this regularity is not met with, although even amongst them a pretty large number of children are born. On looking over the Register of the St. Pancras Royal Dispensary since the year 1853, six instances occur in which over 16 children were born: thus, two patients, aged 42 and 46 years respectively, were each confined of their 17th child; one, aged 39, of her 18th; whilst three, aged respectively 39, 40, and 50, were confined of their 19th. The last patient, 50 years of age, besides her 19 children, had 4 miscarriages. In most of these cases the births were single, although occasionally twins were born. The greatest age was 50. Dr. Gibb states that, on a careful examination of the Register for many years back, the age of 50 is the highest at which any patient was admitted, and as the same patient did not present herself again, it is probable she ceased to bear children.

If the cessation of the catamenia determines the time at which gestation ceases, then it must occur in some instances as late as 55 or even 60 years; for M. Brierre de Boismont, who determined the critical period of life in 181 females, found that it occurred in 21 between 51 and 55 years, and in 5 between 55 and 60 years.

In considering the number of children a woman can bear, we of course here exclude those cases of multiple births, wherein from 2 to 6 children are born at one time, and which thus will swell the number of children brought into the world by one woman to as many as from 25 to 69.—*Lancet*, Sept. 17.

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Applications in Acne.—When the affection is slight and recent, after removing all causes which seem to maintain it, we should always commence its treatment by stimulating, spirituous lotions, which may be employed tepid or even hot. When very slight, a large teaspoonful of the following solution, added to a glass of tepid water, may be applied night and morning: ℞.—Hydr. bichlor. 1; alcohol, q. s.; aq. dest. 100 parts. In certain forms of acne, especially the punctuated and sebaceous, local astringents effect a certain cure. M. Ferrat especially recommends alum or peroxide of iron: ℞.—Alum 30 parts; aquæ 300 parts. ℞.—Ferri perox. half a part; axung. 30 parts. It will be better to commence with half these strengths, increasing them afterwards. The lotion may be applied night and morning, and the ointment on going to bed. In severer cases, protoiodide of mercury should be substituted for the iron, viz. protoiod. half a part, and lard 30 parts. The dose of the protoiodide may be afterwards doubled; and if the cure is long delayed, or imperfect, the bi-iodide must be substituted, employing from one to seven grains every evening. In intense acne we may commence with the bi-iodide.—*Med. Times and Gaz.*, Oct. 29, 1859, from *Bulletin de Thérap.*, tome lvii.

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Fetid Sweating of the Feet.—M Gaffard recommends as a most effectual agent, the applying between the toes of a few drops of the following liquid. An application once a week is usually sufficient, but during summer it may sometimes be required to be made daily: Red oxide of lead 1 part, and the liquor of the subacetate of lead of the French Codex (3 parts of acetate, and 1 of litharge, to 9 of distilled water) 29 parts; bruise the sesquioxide of lead in a porcelain mortar, and add the liquor gradually, directing the bottle to be well shaken whenever it is used.—*Ibid.*, from *L'Union Méd.*, No. 102.

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Action of Alcohol upon the Economy.—According to the usually-received opinion, alcohol introduced into the circulation by absorption from the alimentary canal, becomes rapidly destroyed by combustion with the oxygen of respiration. Carbonic acid and water may be the immediate results; or, as is more generally admitted, the alcohol passes through a series of transformations, representing derivatives more and more oxygenated, as aldehyde, acetic acid, oxalic acid, and, finally, carbonic acid. The results of a series of experiments instituted by MM. Duroy, Lallemand, and Perrin, point to different conclusions. According to these, alcohol is not destroyed in the blood, since it may be found in all the liquids and the tissues, while the products of combustion are not found there; and, moreover, it is eliminated by the various channels, as the lungs, the skin, and especially the kidneys. They conclude—1. That alcohol is not an alimentary substance, it acting only as a modifier of the nervous system. 2. It is neither destroyed or transformed in the

economy. 3. It becomes especially concentrated in the liver and in the brain. 4. These facts explain the production of certain organic and functional changes in the liver, brain, and kidneys.—*Med. Times and Gaz.*, Nov. 26, 1859, from *Gaz. Méd.*, No. 46.

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Injections of Sulphate of Atropine in the Track of the Pneumogastric Nerve in Asthma.—The last Paris novelty consists in this treatment, by M. Courty, of the paroxysms of asthma in a case which had resisted a great variety of medicinal agents. He injected along the track of the pneumogastric nerve, on the inner side of the sterno-cleido-mastoideus and on a level with the thyroid cartilage six drops of a solution of the sulphate of atropine, which produced vertigo, dilatation of pupil, and other symptoms of narcotization. Next day the injection was repeated on the other side, and thrown in more deeply, with the effect of producing still greater, though not alarming narcotism. A third injection, two days after the last, completed the treatment—the asthma having gradually diminished, and now, four days after the first injection, entirely ceased. The patient (a lady, aged 54) continued quite well two months after the treatment had been put into force.—*Med. Times and Gaz.*, Nov. 26, 1859, from *Moniteur des Sciences*, No. 37.

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Cholera in Germany.—Up to the 15th of September, there have been altogether, in Hamburg, 2,436 cases of cholera; out of which 1,194 died, and 1,149 recovered; 93 were still under treatment. In June there were 27 cases; in July, 1,025 (89 cases in a single day—viz., the 24th); in August, 1,217 (61 on the 16th); and in September, up to the 15th, 135. On the 15th of September, only one new case was recorded. At Lübeck, the cholera made numerous victims from the 26th of July to the 8th of September. Altogether there were recorded 329 cases, and 163 deaths. It is considered that the epidemic has quite disappeared. At Goldberg, in Mecklenburg, there were, in seventeen days, 263 deaths, out of a population of 2,700 souls. At Rostock, which numbers 26,000 inhabitants, there were 494 deaths from the 5th of July to the 17th of September.—*Lancet*, Nov. 12, 1859.

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Science and Literature in Italy.—Science and literature seem to be reviving in Italy amidst the throes of its revolutions. Activity prevails in all the universities freed from papal and imperial tyranny. Whole batches of new professors are seated on newly-erected chairs at Parma, Modena, and Bologna. In the latter place the office of *Rettor Magnifico*, or president, has been offered to Count Carlo Pepoli, long a resident in England, and well known as a poet and scholar.

"In Tuscany new professors are called together from all parts of Italy. The Sicilian historian, Michele Amari, had been summoned from Paris to the expressly-created chair of Arabic at the University of Pisa by one of the very earliest acts of the Tuscan Provisional Government in April last. Ferrara, also a Sicilian exile, for some time Professor of Political Economy at Turin, was lately destined for the same university. Both of them, however, have now been called to Florence, where they are to lecture at the Schola di Perfezionamento, or Upper School, which Ridolfi intends to place above the two universities of Pisa and Siena, as a kind of Supreme Court of Learning for all Tuscany. Dr. Tommasi, a very able and distinguished Neapolitan physiologist, who practised medicine at Turin since his banishment from his country in 1848, has been raised to the chair of Clinica Medica at Pisa. Not a few of the great Italian scholars and men of science whom political vicissitudes had for the last ten years congregated at Turin are now once more moving back to the more genial sojourns of the Lombard and Tuscan towns, especially to Milan and Florence."—*Med. Times and Gaz*, Nov. 19, 1859.

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Medicol Students in London.—The number of medical students in London the present season is 1,063, being an excess of 42 over last year.

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Sir John Forbes has retired from practice, and has presented all his medical works, numbering between two and three thousand, to his *alma mater*, Mareschal College, Aberdeen.

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Obituary Record.—Died, on the 23d of November last, James Adair Lawrie, M. D., Professor of Surgery in Glasgow University.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Cure of Vesico-Vaginal Fistula by Liquor Ammoniæ.—We are anxious to record an instance of the cure of vesico-vaginal fistula by the application, direct to its edges, of the liquor of ammonia. The case occurred in St. Bartholomew's Hospital, in June last, under Mr. Lloyd's care. The patient, who was twenty-six years of age, had been the subject of a fistula of the kind mentioned since her confinement in August of last year, and was, as is usual, much troubled and inconvenienced by the continual dribbling of her urine. A catheter was kept constantly in the bladder to relieve this condition, and the caustic ammonia was applied to the edges of the fistula, situated rather high up the vagina; and this was repeated a few times, with the effect of causing perfect closure, so that she was enabled to get up and walk about the ward without the escape of any urine into the vagina. On passing the finger into this passage, a deep indentation could be felt in the situation through which the urine had so long passed. She left the hospital, apparently cured, many weeks back. There can be no doubt, as we heard Mr. Lloyd remark recently, that the parts have been well tested by this time, and that the cure is complete. —*Lancet*, Dec. 24, 1859.

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Hysteric Tympanitis, or Phantom Tumour of large size.—A very remarkable example of hysteric tympanitis developed to a most unusual degree, has been for several years occasionally under notice at the Metropolitan Free Hospital. The subject of it is a girl, aged 19, unmarried, of peculiar physiognomy. Her countenance is expressive of intense morbid self-concernedness, the eyes downcast, and her aspect indicative of moral

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duplicity. She was originally under the care of Dr. Ramskill, and for some months was an in-patient, in order that her case might be thoroughly observed.

The following notes of her case as to her state were made on Sept. 19, 1857.

"Her abdomen presents pretty exactly the appearance of a seven months' pregnancy, and her father even went to the length of turning her out of his house on the supposition that such was her condition. She applied to several medical men, and very different opinions were expressed. On admission, it was found that the abdomen, although round and full, was of clear percussion note in every part, that the umbilicus was depressed instead of protruding, and that no tumour whatever could be felt. On vaginal examination the uterus was found small, and its cervix of due length. Respecting the absence of any tumour in the abdomen, some caution must be exercised in giving an opinion, as she invariably holds the muscle so tense and board like, that pressure cannot be made with any satisfactory results. At times the abdomen will appear to be larger on one side than on the other, and the external contour as a very large ovarian cyst is very exactly simulated, but then there always remains the clear percussion note, which is inconsistent with such a supposition."

The girl has since been in several other hospitals; and she states that at one she was strongly urged to submit to the operation of paracentesis. Latterly she has again been attending at the Metropolitan Free, under the care of Dr. Jones. The prominence of her abdomen is now such that any one, not having witnessed the trial of chloroform, might well be excused for entertaining the utmost scepticism as to the possibility of its disappearance. It exactly resembles that of a patient at the full period of pregnancy. The eye of a careful observer may, however, detect some differences between the girl's bearing, and that of a pregnant or dropsical person. Her back is more arched, and her gait has less of the swinging motion from side to side—"waddling"—a difference no doubt due to the fact that she has no real weight to carry. About two weeks ago, in order again to make a thorough and satisfactory examination of the state of things, she was put under the full influence of chloroform.

"The abdomen rises evenly in all directions, and is most prominent about two inches below the level of the umbilicus. A brown streak extends from the umbilicus to the pubes. The area of clear tympanitic resonance extends over the whole front of the abdomen. The measurement over the most prominent part is thirty-three inches and one-third. Posteriorly both loins are dull on superficial percussion, the left side being entirely dull, even on the deepest percussion, while on the right a forcible stroke elicits a decided degree of resonance. As unconsciousness was supervening, under the influence of chloroform, the abdomen at once flattened, until not the slightest appearance of tumour existed. It was soft in all parts, and the promontory of the sacrum could very easily be felt. No escape of flatus was noticed.

"The abdomen now measures only thirty-one and a half inches. Examined per vaginam the cervix uteri was found to be long, and in every way healthy; the uterus was freely movable. Feces are felt in the rectum, and a mass the size of a small egg, to the left side, about which some difference of opinion existed as to whether it was fæcal or otherwise. As the influence of chloroform was passing off, the abdomen quickly resumed its original state, and in a few minutes after, when she had regained consciousness, it was nearly as prominent as ever. She took the chloroform remarkably kindly, and recovered from its effect very quickly."

One of the interesting features in this case is its long continuance. All forms of anti-hysteric remedies have been exhausted upon it without the slightest result. Marriage is, indeed, in all probability, the only remedy which can be expected to influence a condition which partakes more of moral than of physical derangement. Several similar cases have recently been under our notice, in one of which the patient has been told by several surgeons that she is the subject of ovarian dropsy. In this instance, also, as in the above, the patient is unmarried, and the same peculiarities of aspect are exhibited as have been just described. The value of the exhibition of chloroform as a means of diagnosis can be scarcely overrated. The cases are those to which mistakes in diagnosis are of the utmost importance, since they would inevitably lead either to unfounded imputation on the patient's chastity, or to the belief in the

existence of incurable disease, or to the attempted performance of most dangerous operations. The records of surgery contain the narratives of not a few of such, in which either paracentesis has been performed, or the still more fatal mistake committed of laying open the abdomen, in order to extirpate an ovarian cyst. Against such errors the exhibition of chloroform affords entire security, and when any doubt offers about a case, it ought never to be omitted. As insensibility is induced, the board-like condition of the abdominal parietes, which had previously baffled all attempts to ascertain the exact state of the viscera, disappears, the diaphragm rises, the belly flattens out laterally, the anterior prominence disappears, and the hand can be passed back till it touches the sacral promontory.—*Med. Times and Gaz.*, Dec. 10, 1859.

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Epilepsy and Amaurosis from a Tumour beneath the Occiput; Removal of the Growth with good results.—We have watched with some anxiety a boy in Charing-cross Hospital, whose case is, in many respects, a very peculiar and unusual one. When first admitted, two things were noticed: a large tumour at the back of the neck, running up to the occipital bone, and lying in the hollow between the trapezius muscles; and complete amaurosis. These commenced contemporaneously two years ago, his health being perfect up to that time, if we except occasional headaches, the result of a fall on the head four years previously. As the growth of the tumour extended more deeply, it produced such an interference in the cerebral circulation as to bring on epilepsy six weeks before admission, the predisposition to which no doubt existed from the time of the injury. The convulsive attacks were so frequent and violent as to cause fears to be entertained for his life, and they were indicative of the extent of mischief produced by the tumour, which probably sprang from the theca vertebralis in the upper part of the neck. That this might be so, the result of the operation seemed to prove; for, although all of the growth has not been removed, from the causes mentioned in the notes of the case, nevertheless the pressure has been relieved, the fits ceased for sixty-nine days, and the amaurosis is disappearing. When we last saw him, on the 4th instant, there was a little tenderness about the neck; otherwise, with the exception of the two fits the night before, he was doing well. Cause and effect are well illustrated by this case, which, besides, affords an example of one of those rare instances in which epilepsy has shown itself by influences in action external to the brain, yet sufficient to interfere with the balance of the circulation in that important organ; for we may remark that the boy had a decidedly congested appearance about the head before he was submitted to the operation.

R. D——, aged fifteen, with large head, sallow and yellowish skin, was admitted on Feb. 19, 1859, with a large tumour on the back of his neck, commencing a little below the occipital protuberance, extending four inches and a half down the neck, and four inches across; the circumference of his neck, including the tumour, being twenty inches. He enjoyed good health until nine years of age, when he fell into a cellar in Covent-garden market, falling heavily on his head; since then he has occasionally complained of pain in his head, but neither his general health nor his appetite was affected until two years ago, when he felt unwell. His neck commenced to swell, and his sight gradually failed, so much so that when admitted he required to be fed, and led to and from his bed. About six weeks before his admission, he was attacked with epilepsy, the fits becoming more frequent, so that, when admitted into the hospital, it was found there was scarcely half an hour's interval between the attacks.

When admitted, under the care of Mr. Hancock, his face was pallid; eyes large, prominent, staring, and motionless, and the tumour was found to be deeply seated under the deep fascia of the neck. As the fits increased in violence and frequency, it became a question how far they were influenced by the tumour, or, rather, by the tension of the deep fascia of the neck caused by the tumour interfering with the circulation of the brain. The boy was sinking fast, and it was evident that, if something were not done for him, he would die. Mr. Hancock, therefore, proposed to the friends to remove as much of the tumour as he could, at the same time explaining the danger of the operation in his then condition, and the chances that he might sink under it. They, however, were so anxious that something should be done, that they begged him to try. Accordingly, on the 26th of March, the patient was placed slightly under the

influence of chloroform, and the greatest portion of the tumour removed. He, however, became so low from the loss of blood that it was deemed advisable to desist from further attempts.

June 4th. The case has proceeded more favourably than could have been anticipated. He was, of necessity, kept on his left side as much as possible, and for some time there was considerable œdema of the left side of the head and face; this, however, subsided. He had two fits on the night of the operation, but not any since until last night, when he had two slight attacks. His eyesight is slowly improving. The circumference of his neck is now fourteen inches over the cricoid cartilage, instead of twenty as it was before the operation. He eats and sleeps well. He understands and answers questions with great promptitude, and he is very cheerful and contented. The wound has almost healed.—*Lancet*, June 11, 1859.

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Acute Synovitis of the Ankle of a Boy.—We would draw attention to a case of synovitis of the ankle-joint, of an acute character, in a little boy, six years of age, now a patient in the Charing-cross Hospital, under Mr. Barwell's care. Inflammation of the synovial membrane of this joint cannot be said to be common, as compared with other articulations, and more especially in the young. The present example, therefore, is one of interest. It was caused by an injury, and when admitted, on the 7th of November, leeches were applied with advantage, and subsequently blisters, conjoined with rest and quiet in bed. More recently, bandaging has been adopted, with the good result of removing the swelling; at the same time, he is taking fifteen minims of the liquor of the bichloride of mercury with tincture of cinchona, and, when we last saw him, he was going on as well as could be desired.

Most surgical writers of authority, in describing synovitis and its various causes, make the observation that it very seldom attacks young children, and in them it requires sometimes rather a severe injury to a joint to give rise to inflammation of the synovial membaane.—*Ibid.*

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Exhaustion after Suckling.—Protracted suckling, especially when the supply of milk is scanty, is often followed by extreme exhaustion and debility; with the presence, occasionally, of various anomalous symptoms. A young woman, aged twenty, the mother of two children, is now convalescent, in St. Bartholomew's Hospital, after an attack of this kind associated with diarrhœa. She suckled her youngest child for seven months, although the breasts were actually empty. She gradually became much exhausted; she had fits of shivering, with cold sweats at night. Some six weeks before admission, diarrhœa set in, and remained persistent; it stopped two or three times and recurred, and thus assumed an intermittent character. She was ordered four ounces of wine and suitable nourishment, and an aromatic draught containing eight minims of tincture of opium. This had the effect of completely checking the diarrhœa. She has begun to gain flesh, her strength is returning, and she looks quite a different person. She had dysmenorrhœa on November 1st, but it has for the present disappeared.

We select this from a number of instances to illustrate the folly, on the part of mothers, of persisting to suckle their offspring when their breasts have ceased to secrete milk. Many such persons complain, amongst other ailments, of weakness of sight, and, in some instances, temporary amaurosis.—*Lancet*, Dec. 3, 1859.

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Severe Burn of the Neck treated by Extension from the beginning.—On the 8th of November, a little girl, about nine years old, was given chloroform at Guy's Hospital, and an effort was made by Mr Hilton to flex her right arm, which had become anchylosed in consequence of a severe burn some two years ago. All his efforts were fruitless, because the union was now bony and extremely firm. Her case otherwise was a very remarkable and interesting one, from the fact of her complete recovery from a terrible burn of the whole anterior part of the neck and upper part of the chest, sustained two years ago, without the least deformity whatsoever.

When admitted into Guy's after the accident, the destruction of the skin was so extensive that the pectoral and some of the muscles of the neck were exposed, and the burn extended onwards to the right arm and forearm, whilst it occupied each side of the neck, involving the external surfaces of both of her ears. She was retained in bed for six months; her head and neck were kept

perfectly quiet, and the latter was maintained in an extended position by means of a small bag of sand placed at the back of it. She was allowed, however, to sit up to her meals. When she left her bed, she wore a stock, which gently elevated the chin; from its lower part were attached two cushions, which pressed over the upper part of the chest, and permitted a very free motion, with an utter absence of deformity. The thin cicatrix glides with perfect ease over all the subjacent parts. This stock is to be continued for a sufficient time to prevent all tendency to contraction. It is one of the most satisfactory cases of the kind in regard to the treatment, considering the extent and severity of the burn, which we ever remember to have witnessed.—*Lancet*, Dec. 31, 1859.

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Lupus of seven years' standing Effectually Cured.—Next to cancer, lupus is, perhaps, the most intractable of any disease that comes under the care of the surgeon; and when, as in this case, a cure is effected, it behoves us, as chroniclers of the improvements which happily distinguish the present era, carefully to record the facts of the case, and earnestly to inquire whether the means which have succeeded so well in this instance may or may not be applicable in the very many other instances of this disease which come under the notice of every practitioner of experience. Who has not seen the awful ravages of lupus? Beginning as a small pimple or tubercle on the cheek or on the nose, it spreads from one part to the other, destroying deeply the structures it attacks, and ceases not until it has involved the whole nasal organ. Many are the plans which have been devised for arresting its progress. The applications of arsenic and chloride of zinc, no doubt, stay the diseased action for a time; and the cod liver oil, as well as arsenic, administered internally, have some beneficial influence; but we believe it is the general experience that these have only temporary effects, and that the disease returns and progresses in spite of them. If we can get to the bottom of the case, then it would seem that we may hope for permanent benefit by directing our treatment to the cause of the mischief; and this appears to have been the reason for the success in the case which we now record:—

Peter F——, aged seventeen, was admitted into the Royal Free Hospital, in the first instance, on the 14th of May, 1856, under the care of Mr. Weeden Cooke. His occupation was that of an oyster-dredger, at Maldon, in Essex; and he had suffered for seven years from lupoid ulcers of the face, nose, and lips. He had been a patient in the Colchester Hospital, and also in St. George's Hospital. At the time of his admission, the whole face was covered with either the cicatrices of old ulcers, or ulcers incrusted and dipping into the muscles beneath the skin. The columna nasi was destroyed, and the disease was encroaching upon the alæ The upper lip was thickened and ulcerated. The scaly ulceration extended upwards to the inner canthus of both eyes. Added to these miseries, he was extremely deaf, and altogether presented a most pitiable and unsightly appearance. Mr. Cooke ordered an ounce and a half of lemon-juice to be taken three times a day, meat and porter, with green vegetables; and the following lotion and ointment: bichloride of mercury, eight grains; hydrochloric acid, sixteen minims; water eight ounces; to be applied three times a day as a wash, afterwards covering the parts with zinc ointment.

He remained in the hospital, under this treatment gradually improving, until Aug. 17th, when he was discharged, with all the ulcers entirely healed, the deafness diminished, and his general health re-established.

In May, 1857, he again came to town, and was admitted, the disease having returned on the cheeks and upper lip. The same treatment was adopted, and this time he was well again in a month.

In July, 1859, he again appeared amongst Mr. Cooke's out-patients, the upper lip and one cheek only being affected with the scaly ulcers. He was enabled to stay with a sister in town, and was, therefore, not admitted, but placed under the same treatment—namely, lemon-juice and fresh green vegetables, bichloride of mercury lotion, and zinc ointment. The cure was very rapid, the ulcers having well cicatrized in less than three weeks. His hearing, also, at this time was very greatly improved, and his general appearance so altered that he was scarcely recognized as the same unhappy youth who first came under notice in 1856.

Mr. Cooke states that there was no sponginess of the gums, but that the strumous aspect of the lad, and his occupation as an oyster-dredger at the sea, led him to pre-

scribe lemon-juice as an antiscorbutic remedy, and, as it turned out, with the happiest results. Still, the adjuvant effect of the local applications must be by no means slighted or overlooked in the treatment of similar cases. Perhaps, however, the leaning generally is to depend too much upon local, and especially caustic, applications.—*Lancet*, Dec. 31, 1859.

LECTURE.

Lecture on Cerebral Symptoms independent of Cerebral Disease. Delivered at the Hospital for Sick Children. By CHARLES WEST, M. D.—Gentlemen: Of all the inquiries which, in private practice, the parents of a sick child will put to you, there is none that will be made so often or so eagerly as this: "Do you think his brain is affected?" The answer which you give to this question will at once convey a sense of unspeakable relief, or will produce a feeling of blank hopelessness; either, perhaps, excessive, but either most natural. Without doubt, the importance of a correct reply is very great, for your prognosis and your line of treatment are dependent on it, and an error, even though corrected in twenty-four hours, may be irreparable. I think, then, that the time will not be misspent which we devote to-day to an examination of the different circumstances wherein we are most likely to meet with the symptoms of cerebral disorder independent of real cerebral disease. Now you may encounter such symptoms in two different conditions; either in the course of acute affections simulating active disease of the brain, or in the course of chronic ailments, where there may seem to be reason for apprehending the advance of slow disorganization; and each class of cases demands a separate consideration.

Before examining either class of cases in detail, I would, however, remind you that in the child, as in the adult, the brain is disturbed more or less in the course of every acute affection of the general system; and further, that, in proportion to the youth of the child, there will be an apparent sameness in the characters of such disturbance, and a consequently increased difficulty in determining the cause whereon it depends. Thus, for instance, whether one of the exanthemata is about to come on, or influenza, or inflammation of the lungs; or whether the illness is a mere febrile attack consequent on dentition, there will in all these circumstances alike be a hot skin, and a frequent pulse, a loss of cheerfulness, a heavy head, a disposition to drowsiness, and yet a state of unrest; symptoms, in short, which are just the same with those that, in the infant, would attend the early stage of actual disease of the brain.

But, while I refer to this fact as one never to be lost sight of in the endeavor to discover the true import of the cerebral disturbance which accompanies almost every form of acute illness in early life, my special object to-day is to point out to you some of the circumstances wherein, in infancy or early childhood, a correct diagnosis is peculiarly difficult.

I propose to notice, very briefly—

1st. The cerebral symptoms that usher in the attack, or accompany the early stages of fevers.

2d. Those which, at the onset of acute inflammations of the thoracic viscera, sometimes throw the evidences of the real disease into the shade; and

3d. Those dependent on some disorder of the abdominal viscera, which, though not always itself of an acute character, yet gives rise to sudden disturbance of the nervous system, and to symptoms that simulate active cerebral disease. Such are sometimes the consequences of unsuitable food, of diarrhœa, of colic, and of intestinal worms.

Afterwards, if time allow, I purpose

4th. To make a few observations on the more chronic ailments in which cerebral symptoms are likely to be observed; and their import is apt to be misapprehended.

Now, with reference to cases of the *first* class—namely, to those in which cerebral symptoms usher in the attack, or accompany the early stage of fevers—I may observe, and the remark holds good in other cases also, that in proportion to the suddenness of the onset, and the violence of the character of such symptoms, is the probability of their depending on real disease of the brain so much the smaller. A severe attack of convulsions is rarely an early symptom—is almost never the first symptom—of real acute disease of the brain. Its occurrence, therefore, always raises a presumption that its cause is to be sought in some source of irritation external to that organ; that, how much soever the immediate urgency of the case may require remedies addressed to the brain, the ultimate

dangers of the disease will be found to depend on some other cause, to arise from mischief seated elsewhere than in that part which at first seemed to be the most suffering.

The early stage of the eruptive fevers sometimes affords a very remarkable illustration of the amount of disorder of the nervous system, which may precede or accompany the full outbreak of the rash. During the first day of the eruption of measles, for instance, one or two attacks of convulsion sometimes occur, though they usually pass away without being followed by protracted coma, or by any other abiding signs of cerebral disorder. In these cases, the previous existence of the morbillous catarrh, often even the presence of faintly-marked stigmata of the rash, the general heat of skin more intense upon the trunk than even about the head, will usually preserve from error, and you may speak with confidence as to the probably speedy disappearance of the cerebral symptoms. Far more serious, however are the signs of cerebral disturbance by which smallpox and scarlatina are occasionally ushered in; the transition from apparent health to violent convulsions being sudden, and apparently causeless, the fits themselves most formidable, and the coma by which they are succeeded very profound. Such was the case of a little girl, two years old, who, until the day before that on which I saw her, had never had an hour's illness. She had eaten a hearty dinner, and, though she vomited soon afterwards, did not seem otherwise indisposed, and slept well in the night. Immediately on waking in the morning, however, she had a fit, during which she was insensible, much convulsed; and insensibility, with occasional convulsions, and great heat of skin, continued for the ensuing twenty-four hours. Depletion, both general and local, the latter twice repeated, was followed, at the end of twelve hours more, by considerable diminution of the convulsive movements; and, forty hours after the first fit, the child fell asleep, and dozed quietly for a few hours. She awoke sensible, and continued so. On my visit in the morning, I found her quiet and sensible, without any sign of convulsion; her face was very pale; her head, before so hot, was now quite cool; her pulse had sunk in frequency, and had lost its fulness. An eruption of a papular character had appeared on the hands, arms, inside of the thighs, and slightly on the face. This eruption was the smallpox, and the disease ran its course without an unfavourable symptom.

The comparative rarity of smallpox may be some excuse for my not having been prepared for the possibility of the convulsions depending in this case on the cause to which they were really due; but it is well to bear in mind that in every instance where cerebral symptoms come on without obvious reason, in early life, inquiry should be made as to the date of previous vaccination, and the arm should be examined for its evidence in the cicatrices left by its performance. A similarly stormy onset, however, is sometimes observed in cases of scarlet fever; and then it usually preludes an attack of a malignant kind, characterized by speedy loss of power, and tending to an early death. This occurrence, indeed, never very common, is most rare when scarlet fever is merely sporadic, but in epidemics of the disease it happens more frequently, and this even although the general characters of the disease are of a mild—not at all of a malignant—type.

"In the autumn of 1831, and during the early part of 1832," says Dr. Von Ammon,[1] "scarlatina prevailed epidemically at Dresden. The cases which at first presented themselves to my notice were, for the most part, mild in character, and ran a favourable course; but, at the same time, I met with some instances where death took place very rapidly, and under peculiar symptoms of cerebral disturbance, in children who neither, during life nor after death, showed the slightest trace of scarlatinoid eruption. At first I felt in doubt as to the cause and nature of the rapidly-fatal head affections; for I did not anyhow connect them with scarlet fever, while the disease differed from inflammation of the brain in the extreme rapidity of its onset, in the fact that, notwithstanding the intensity of the headache, it was unaccompanied either by nausea or vomiting, that the bowels were not constipated, and that the pulse beat with such frequency that it was almost impossible to count it, while the attitude of the patient was not at all such as is usually assumed by any one suffering from acute cerebral inflammation."

Dr. Von Ammon then goes on to say how

[1] Bes chreibung einen Scharlach-epideminz à Dresden, in Analekten für Kinderkr. Vol. III. Heft. 11, p. 43.

a post-mortem examination of one of these cases led him to the suspicion, which afterwards became a certainty in his mind, that these were really instances of scarlatina; that the impression of the poisoned blood upon the brain and spinal cord destroyed life before time had elapsed sufficient to allow of the ordinary manifestations of the disease. The possibility that the clue to the understanding of symptoms of formidable cerebral disorder is to be found in the approach of one of the eruptive fevers, enforces the necessity for learning in every case the history of a child's previous ailments, and renders it even more imperatively your duty to do so at a time when scarlatina is epidemically prevalent. Rapid, too, as is sometimes the advance of inflammation of the brain, its progress is commonly far slower than that of the cerebral symptoms which accompany the onset of the fever, while almost invariably some characteristic or other of the mere local inflammation would be absent, some anomaly would show itself, such as excited the suspicion of the German physician, and ought to awaken yours.

But besides the instances just referred to, in which the temporary violence of the cerebral symptoms suggests the idea that active inflammation of the brain is present, there are others of less rarity where, though the feeling of anxiety as to the real nature of the disease is less urgent, it is yet of longer duration. Such are the cases in which, during the early stage of typhoid fever, the symptoms of cerebral disturbance so preponderate that for some days a doubt may be entertained as to whether the fever is sympathetic with disease of the brain, or the brain is disordered as a consequence of the fever The question, in short, is between tubercular hydrocephalus and typhoid fever. Now, something may be gathered from the age of the child, at least towards raising a presumption one way or the other. for the older the child is, the more likely is the disorder to be typhoid fever; the younger it is, the more likely to be hydrocephalus; and I strongly recommend you, in doubtful cases, to put the issue between these two definite diseases, and not to indulge your indolence and put to sleep doubts which you feel unable to solve, by talking to yourself or to your patient's friends of gastric fever, worm fever, and so on—terms to which no definite import is attached either by yourselves or by others. There is not time to pass in review minutely all the diagnostic symptoms which mark typhoid fever and serve, in spite even of much cerebral disturbance, to distinguish it from hydrocephalus. It may, however, suffice to remind you that vomiting is generally absent, is never obstinate, nor succeeded by long-continued nausea; that the bowels are often relaxed, never obstinately constipated, and that the evacuations are light-coloured, fecal, but usually watery. Further, the abdomen is full, usually tender, and flatus is always to be felt in the intestines; the tongue is not often much coated, it is red at the tip and edges, and early shows a tendency to become dry. The skin is very hot, the heat is pungent, the pulse is frequent, and continues so throughout, but is never irregular nor intermittent. Even the very cerebral symptoms have their characteristic features; for the early occurrence of delirium, which is so general in typhoid fever, is another point wherein it differs from hydrocephalus, in which much pain of the head, much drowsiness, a marked change of temper and disposition, yet coexist with a perfect intelligence.

"Surely," you may say, "these differences are marked enough; to dwell on them is superfluous, nay, wearisome; the help we want is in real diagnostic difficulties, not in cases so obvious, whose right interpretation is so easy."

Believe me, gentlemen, nine-tenths of the errors of diagnosis are made in easy cases; in cases whose features are sufficiently marked for recognition, if the observation had been trained to notice them, or the mind been disciplined to the inquiry in every instance: Why do I believe the disease to be this, why not that, or the other? The power of intuition and the habit of guessing are two very different things, though sometimes mistaken for each other. The former is now and then the reward of years of patient observation; humility and diligence are its parents. The latter is engendered between indolence and self-conceit; he who takes up with it, whatever be his abilities, forfeits all chance of ever attaining the other; he adds not to his knowledge from being right, he gathers no lesson from being wrong; for him "experience yields no fruit, age brings to him no wisdom."

There is a second class of cases in which the predominance of symptoms of cerebral

disturbance sometimes masks the real nature of the disease, and such cases are met with among the acute inflammations of the thoracic viscera. Risk of being led astray would indeed be almost entirely avoided, if you made it an invariable rule, in all the acute ailments of early life, to regard your examination as incomplete until after you had made a careful auscultation. The symptoms of disturbance of respiration are indeed often too marked to be overlooked; the cough, the pain in the chest, and the hurried breathing render mistake impossible; but it now and then happens at the commencement of pleurisy, and in pneumonia, especially of the upper lobes, that the nervous system sympathizes so deeply as to draw away the attention from those symptoms which, though obvious enough to him who seeks for them, do not stand out so prominently as to attract the first hasty glance. Pneumonia and pleurisy, especially the latter, occasionally set in with a convulsion; but you will, I trust, remember the caution which I have already given as to the sudden violence of cerebral symptoms indicating that the brain is disturbed by some eccentric cause, rather than by mischief seated in that organ itself. Pleurisy, more particularly when affecting the right side, is sometimes ushered in by vomiting, and this vomiting seems all the more suspicious if it has just preceded or just followed an attack of convulsions. It is accompanied by fever and by intense headache; the child cries aloud or screams much in its sleep, and, if it is old enough for the symptom to be observed, delirium is not unlikely to be present. The cough may be but slight, or altogether absent, and even the pain not considerable, and it is then quite possible that the disturbed breathing may be put down to that sympathetic disorder of respiration to which the name of "cerebral breathing" has been applied. Need I say that it is much harder to correct a diagnostic error into which one has fallen, than, by care, to avoid it in the first instance? If the case is one of pneumonia affecting the upper lobes, severe headache, drowsiness, great heat of head, though found, if carefully observed, not to be greater than of the surface elsewhere, all serve to mislead. Delirium, too, is very often present, if the child is old enough for that symptom to manifest itself; and the mind of the attendant fluctuates in such cases between the ideas of cerebral congestion, of hydrocephalus, and of typhoid fever; one impression preponderating at one part of the day, another at a different one; but the true view of the case not presenting itself to the mind at all. In the case of pleurisy, even though the mistake is discovered late, the child will probably survive, and the distended side, the adaptation of posture, the subsidence of the fever, and the disappearance of the head symptoms are tolerably sure to put the doctor, though tardily, on the right track. In pneumonia, the error is even more serious, for the disease is more formidable, and the longer continuance of cerebral disturbance is likely to keep up the mistake. In its later stages, too, the convulsion and the coma which sometimes come on as the results of the imperfect depuration of the blood, perpetuate the misapprehension, which, perhaps, a post-mortem examination alone brings to light.

Now, without going into minute detail, for which there is no leisure, I may observe that in these cases you will find something always wanting of those symptoms which characterize real cerebral disease. Perhaps there has been a convulsion; but it was not followed by coma, nor by paralysis of either side. Vomiting has occurred, but it has soon subsided. The head is hot, but yet not hotter than the rest of the surface, and it is unaccompanied by violent pulsation of the carotids. The light may be unpleasant, but it is not shunned with that intense sensitiveness to its presence which closes the eyelids even in the darkened chamber. Again, though the breathing is sometimes hurried in cases of cerebral disease, yet here the hurry is constant; if the case is one of pneumonia, it is extreme, and between the hurried breathing and the rapid pulse a constant proportion is observed, while, though the cough may be but slight, some cough is almost surely present. Such, and such like, are the criterions by which, if you test the symptoms in these doubtful cases, you will run but small risk of not coming to a right conclusion.

Nearly forty years ago, a French physician[1] wrote an essay, the object of which was to illustrate what he termed the predominance of the digestive organs over the brain in childhood, and he appended to it

[1] Recherches Relatives à la Prédominance des Organes Digestifs des Enfans sur le Cerveau. Par J. Sabiairolles. 8vo. Paris, 1826.

the details of forty-eight cases in corroboration of his opinions. Now although, like all other books written to develop one idea, this is somewhat one-sided in its views, and, perhaps, a little overcharged in its statements, yet the main point is correct—namely, that

The *third* class of cases, in which symptoms of cerebral disease are provoked by disorders of the digestive organs, is very numerous and very important.

A slight acquaintance, even, with the practice of medicine will have familiarized you with various symptoms of disturbance of the nervous system which derangements of the digestive organs and their appendages bring with them. Such are the unquiet sleep, the night-terrors, the grinding of the teeth, the sleeping with half-closed eyelids, the thumbs drawn more or less into the palm, which one often observes in infancy and early childhood, and some of which are seldom altogether absent during dentition, or when changes are first made in the diet of infants. But there are, besides, two distinct classes of symptoms to which disorders of the digestive organs, when severe, may give occasion—namely, convulsions on the one hand, and, on the other, that form of cerebral disturbance characterized by mingled exhaustion and irritation, to which the name of the hydrocephaloid disease, or spurious hydrocephalus, has been given.

Convulsions from this cause are generally the result of unsuitable food, or of an overfull meal in infancy or early childhood; though other sources of irritation, as that of worms, or even of a calculus in the kidney, may produce them. Those which depend on indigestible food, are sometimes so severe as to threaten life, or even actually to destroy it. They nearly proved fatal in the case of a little boy, five years old, previously healthy, who, on July 9, 1846, dined off some boiled salmon, of which the rest of the family partook more heartily than he without any ill effects. At ten o'clock on the following morning, having slept well during the night, he was suddenly seized by a violent convulsion, in which his whole surface became exceedingly livid, and his lips of a deep purple hue. His respiration was greatly affected, he seemed as if he could not get air enough into his chest to keep him alive, and he appeared every moment as if he would be suffocated; while his pulse was feeble and frequent, and the temperature of his body low. Under the influence of the cold douche to his head, his breathing became less laborious, his lips regained much of their natural florid colour, the convulsions greatly diminished, and the child began to make some half-conscious movements. It was now possible to give him an emetic, which caused free vomiting twice, and the rejection of some of the undigested salmon. The child was next placed in a hot mustard bath; while in it, the convulsions completely ceased, after having lasted three hours and a half. He was now put in bed, where he slept quietly for four hours, and awoke quite well.

Now, that which took place here you may observe not very rarely, and with symptoms of equal severity, in early infancy, when, perhaps, the error in diet has been so trivial that you can scarcely realize the possibility of its producing such formidable results. The fact, however, that in any given instance, the convulsions depend on such a cause, may usually be gathered partly from the history—which, in early life, is all the more important from the patient's inability to speak for himself—but still more from our observation of their characters. They are apt to be violent, accompanied with much spasm of the extremities, clenched hands, or the thumb drawn forcibly into the palm, and the great toe widely separated from the other toes. They are associated with spasm of the larynx, which often remains closed till suffocation seems impending, and with much trouble of the respiratory movements; in other words, with evidence of all the spinal system of nerves being in a state of great irritation. Almost always, too, the abdomen in such cases is distended, often extremely tympanitic, and there is frequent escape of flatus from the intestines. These peculiarities, if borne in mind, will often give you a clue to the meaning of a violent and apparently causeless convulsive attack. They indicate the source of the disturbance to be eccentric, and thus both guide your treatment and influence your prognosis, enabling you to hold out the hope that, if the child do but surmount its present danger, recovery will be complete as well as speedy.

I referred to a second class of symptoms dependent on disorder of the digestive organs; symptoms less formidable in appearance, perhaps, but more delusive, by which irritation and exhaustion together simulate the effects of inflammatory disease of the

brain. It is in diarrhœa, and especially in relapses of diarrhœa, that these two conditions are associated in the greatest degree, and that the risk of error is, perhaps, most considerable.

One case in illustration of it must suffice, for time draws short.

A little girl was seized with diarrhœa on August 8, which at first was severe, but soon yielded to treatment, and she was again convalescent; when, on the 15th, vomiting and purging returned with great violence, and were attended with much febrile disturbance. On the following day, she was still worse in all respects, but was not brought to me again until the 17th. She then looked exceedingly ill; her face was sallow, but with a flush on each cheek, and her eyes were deeply sunk. She lay in a half-dozing state, with her eyelids half closed, and the eyeballs turned upwards, so that nothing but the sclerotica was visible; but from this condition she awoke frequently and suddenly, in a state of great alarm, and looking as if she were about to have a fit of convulsions. Her skin was hot, and very dry; her pulse very frequent, but not strong; and there was some subsultus of the tendons of the wrist. The abdomen was rather tympanitic; the tongue red, coated with white mucus; the thirst great; the vomiting very frequent, and the bowels acted two or three times in an hour, the evacuations having the appearance of dirty water.

The persistence of the diarrhœa, and the great frequency of the action of the bowels, coupled with the fact that I had observed the case from the commencement, would have rendered error inexcusable. But such cases may come under our notice only when the evidence of cerebral disturbance is already very striking, and when, perhaps, the diarrhœa is no longer very urgent—perhaps may for a few hours have altogether ceased—in such circumstances, error is very possible, and its consequences may be very disastrous. If you regard the cerebral symptoms as the signs of active disease, and withhold the Dover's powder or the opiate enema, that might have checked the diarrhœa and soothed the irritability, while you apply cold lotions to the head, and give the child nothing more nutritious than barley-water in small quantities, because the irritability of the stomach, which results from weakness, seems to you the indication of disease of the brain—the restlessness will before long alternate with coma, and the child will die either comatose or in convulsions.

This is not, indeed, the only form which this spurious hydrocephalus assumes, although it is that in which the signs of irritation so mask those of exhaustion as to render the risk of mistake most serious; while the time during which the error can be rectified is in these cases very brief. In a larger number of instances, this condition comes on much more slowly, since it results from the gradual influence of imperfect nutrition; and in these circumstances the signs of irritation of the nervous system which characterize its early stages are less marked, though not, on that account, less deceptive. In the infant brought up by hand, or imperfectly nourished at the breast, the first stage sometimes continues for weeks, attracting, perhaps, little notice; giving rise, indeed, to a vague suspicion that something is wrong, but yet this suspicion so indefinite that neither the parent nor the doctor pushes the inquiry far enough to decide what that something is; or, possibly, commencing dentition bears the blame of the whole set of symptoms. I would have you, too, bear in mind that, in these cases, dentition may really have much to do with the production of the symptoms, though not exactly in the way which at first suggests itself. The insufficient or unsuitable food heightens the irritability of the nervous system, and renders it preternaturally sensitive to the disturbance which teething seldom fails to bring with it. This disturbance acts, though more slowly, just as does that which accompanies diarrhœa; it exhausts the nervous power by all the manifestations of reaction which it produces, as the continued galvanic current wears out for a time the contractility of the muscles. The symptoms do not betoken real disease of the brain, though they closely resemble those which it occasions; so closely, indeed, that to read their import aright, you sometimes need go back for weeks, or even months, to gather the child's early history, and to learn how it has been fed, and how it has thriven from its birth. You will find, too, both in the past and in the present, intermingled with the general signs of cerebral disturbance, the evidences also of spinal irritation such as I have already referred to; and they should always lead you to suspect that the brain is dis-

turbed in sympathy with some cause external to it. Irritability, restlessness, feverishness, a flushed face, a frequent pulse, undue sensitiveness of the surface, moaning, starting in sleep, all point to disorder of the nervous system, but they do not specially point to disease of the brain; their real meaning must be gathered from a consideration of the whole condition of the patient. That condition will be found to vary very much; the face will not be always flushed, nor the head always hot, nor the fontanelle always tense or pulsating. Vomiting may occur, but it will be occasional; the bowels will be relaxed rather than constipated; the abdomen not shrunken, but distended with flatus; a state which should always turn your attention from the brain itself to some source of irritation external to it; since, as the distinguished German physician, Goelis, has remarked, a collapsed state of the abdomen, and the absence of flatus from the intestines, are signs almost pathognomonic of hydrocephalus. Often, too, the carpopedal contractions and the laryngeal spasm are present, or have existed, to warn you as to the real nature of the case; while the pulse, though feeble and frequent, retains its regularity of force and rhythm, and thus differs remarkably from the irregular, intermittent, or unequal beats, which are among the earliest and least fallacious signs of real cerebral disease. If misinterpreted, and, consequently, wrongly treated, the stage of exhaustion comes on by degrees, and with it a stealthy stupor. The flush no more returns to the surface, the extremities grow cold, the pulse becomes feebler, the pupils permanently dilated, the respiration sighing, the voice husky, deglutition difficult; symptoms which, if the earlier stage was misinterpreted, will probably be regarded as the signs of the last stage of hydrocephalus; though the depressed fontanelle, the cool head, the pulse still frequent in spite of its feebleness, the abdomen still containing flatus, the bowels still loose, will tell at once a different tale to some other practitioner, who, with no larger experience than your own, yet, with a mind unbiassed by a foregone conclusion, comes to the case, and at once reads its meaning aright.

I had wished to have said something about cases of a chronic character, in which symptoms occur that give rise to unfounded suspicion of disease of the brain, but there is to-day no time to do more than enumerate some of them. Such are the groundless suspicions which parents often entertain, and which the doctor himself is not always as quick as he might be to negative, in cases of essential paralysis in infancy and childhood. Such are the fears excited by the temporary though often long-continued dulling of the faculties, which often follows fever or some exhausting illness. Such are the apprehensions which fits of waywardness or altered temper excite: such, too, on the other hand, is the dread which the excitability of a child, whose faculties are just awakening to the wonders of the world around him, sometimes occasions his relatives; and such, lastly, is the morbid anxiety with which the severe neuralgic headache of childhood is watched by persons who can scarcely be persuaded but that suffering so intense, and the return of which medical care so often fails to prevent, must needs depend on a cause as serious as it obviously is difficult of removal.

You see, gentlemen, my catalogue is a long one, and, I think, not unimportant. I must hope, at some future time, to pass it in review, as I have to-day tried to do with the other class of cases of a more acute kind. Some of the details may, I fear, have seemed tedious; but my excuse is, that the errors against which I have tried to warn you, are the same as, in past years, I have myself committed. I have not stated imaginary dangers. I have tried to warn you against such as have proved themselves, to me, very real ones, and to make you, to the best of my powers, the inheritors of my own experience.—*Med. Times and Gaz.*, Dec. 24, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Lupulin in Delirium Tremens.—Dr. D. S. Gloninger, of Philadelphia, strongly recommends (*Med. and Surg. Reporter*, Dec. 31, 1859) lupulin in delirium tremens, as answering every indication; as safe, and, he says, it may be given ad libitum—even in doses of a tablespoonful every hour until sleep is produced. "We have given," he states, "as much as six pounds before its narcotic effects followed, and would have had no hesitation in giving four times the quantity, were six insufficient. During its

administration your patient becomes saturated with it; his skin, adnata, and secretions are tinged yellow. One ignorant of the cause would suppose him laboring under jaundice, and might be induced to give "mercurials." There is no necessity for fear—this condition disappears after sleep, and the only unpleasantness is the peeling off of the cuticle and the dryness of the skin. Contrary to the effects of the opium treatment, in this, we have the bowels natural, and no necessity of nauseating the patient with cathartics to remedy torpidity."

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Immediate Cure for In-growing Nail—Dr. N. Gilman recommends (*Boston Med. and Surg. Journ.*, Dec. 29, 1859), cauterizing the part with hot tallow as a speedy mode of curing this troublesome affection.

"The patient," he says, "on whom he first tried this plan was a young lady who had been unable to put on a shoe for several months, and decidedly the worst case that I have ever seen. The disease had been of long standing. The edge of the nail was deeply undermined, the granulations formed a high ridge, partly covered with skin, and pus constantly oozed from the root of the nail. The whole toe was swollen and extremely tender and painful. My mode of proceeding was this: I put a very small piece of tallow in a spoon, and heated it over a lamp till it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical. Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the diseased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away without any inconvenience. The cure was complete, and the trouble never returned.

"I have tried this plan repeatedly since, with the same satisfactory results. The operation causes but little if any pain, if the tallow is properly heated. A repetition might in some cases be necessary, although I have never met with a case that did not yield to one application. The liquid cautery insinuates itself into every interstice, under the nail, along the fistula into the ulcer at the matrix of the nail, accomplishing in one minute, without pain, all that can be effected by the painful application of nitrate of silver for several weeks. Let this simple plan be tried before resorting to the barbarous plan of pulling out the nail, or any other mode of torture that has been invented."

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Massachusetts Medical College.—The number of students during the present session (1859-60), is 190; the largest class ever assembled in this school.

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The Cincinnati Medical and Surgical News.—This monthly journal which has been published for the past two years in newspaper form, is for the future to appear monthly in pamphlet form; each number to contain 32 pages, at one dollar a year. The editor is A. H. Baker, M. D.. Prof. Surg. in Cincinnati College of Med. and Surg., and his ethics, as exhibited in the first number (Jan. 1860), appear to be entirely orthodox.

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The Kanzas City Medical and Surgical Review.—This is the title of a bi-monthly journal, edited by Drs. G. M. B. Maughs and T. S. Case, of which the first number was issued in January of the present year. It is a neatly printed pamphlet of 48 pages, the subscription price of which is two dollars per annum.

FOREIGN INTELLIGENCE.

Death from Chloroform.—We regret to have to announce another fatal accident during the administration of chloroform for the purpose of producing anæsthesia in a surgical operation. The unhappy patient was Dr. Renwick, of Alloa, a member of our own profession, and but twenty-seven years of age. His disease was ingrowing of the great-toe nail, which it was proposed to remedy by evulsion. Dr. Renwick had previously inhaled chloroform without any bad result; hence, perhaps, a false sense of security. The circumstances are thus related:—

A little of the chloroform was poured upon a towel, and he held it to his mouth with his own hands. After a while, as it did not seem to be taking any effect, he asked for some more, which Dr. Duncanson at first declined to give; but after a while, finding that no effect was being produced, some more was applied. Observing that he was endeavouring to hasten its effect by strained inspirations, he was asked to breathe natur-

ally, which he did. As it still, however, seemed to be having no effect, another small quantity, at his own request, was applied to the towel, which, after a time, produced insensibility; and, his pulse having been found full and regular, the operation, which did not occupy more than a minute or two, was successfully performed. He still remained under the influence of the anæsthetic, but his breathing was regular, and all was considered right. Some cold water was then thrown on his face to arouse him; but this not having the desired effect, other measures were resorted to, but with a like unfortunate result; and when, after a few minutes, his breathing became less frequent and more laboured, and the appearance of his countenance began to change, and his pulse had become nearly imperceptible, serious alarm was felt. Artificial respiration by the modern method was resorted to, and in this manner breathing was kept up for nearly half an hour; but, melancholy to relate, his spirit had passed away.

We are unwilling to add any observations which can give pain, but it is certainly to be lamented that Snow's inhaler, or some other efficient apparatus, was not employed. There is some reason to believe that Dr. Renwick was the subject of cardiac disease. The *North British Mail* mentions that some time ago a gentleman died under the influence of chloroform, at Girvan, while undergoing a similar operation.—*Lancet*, Jan. 7, 1860.

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Principal Epidemics during the past year.—Dr. Babington, in his address at the opening of the session, 1859-60, of the Epidemiological Society, gave the following interesting *resumé* of the principal epidemics which have appeared in different parts of the world during the preceding 12 months:—

"Cholera, we learn, broke out in July last at Bombay and Poona, and almost simultaneously on the continent of Europe, selecting on this, as on former occasions, the city of Hamburgh as the scene of its development. It next appeared at Helsingfors, in the Gulf of Finland, and afterwards in Southern Sweden; and, early in September, it declared itself in Stockholm, the capital of the kingdom. While cholera was prevailing in these northern latitudes, its appearance was also announced at Murcia, which is situated on the southeastern part of Spain. The disease, however, soon abated in the town; but it lingers still on the coast, as Alicante and Valentia are still considered as ports suspected of cholera. More recently, the disease has attacked Rotterdam and Bruges, at which latter place its progress was for some time most alarming.

"There was not, it appeared, any very satisfactory or trustworthy information with reference to the origin of this disease in any of the continental ports; but it was well known that, in the course of the past summer and autumn, cholera has been imported into several of the ports of this country by vessels from Hamburgh — viz: the river Thames (in two different vessels), Hull, Grimsby, Southampton, and North Shields. In the last-named port, the disease was communicated to a lodging-house on shore, where it proved fatal to two of the inmates.

"From the time that the existence of cholera was known, our government appears to have been fully alive to the necessity of taking measures against the invasion of this country by that scourge. Quarantine restriction was not resorted to, nor was the freedom of commerce or of intercourse with other countries at all interfered with; but every precaution short of these was taken by the authorities. All arrivals in the ports of this country, more especially in those having intercourse with Hamburgh, were carefully watched for cholera cases; and, in those vessels where the disease did exist, a certain degree of isolation from other ships, and of limitation of intercourse with the shore, but not such as to cause inconvenience, were recommended, and in all cases followed. The sick sailors brought into the Thames were at once transferred to the Dreadnaught, and, had occasion required, cholera hospitals were ready for immediate use. The local authorities at such ports were exhorted to provide places of reception for poor passengers and seamen who might arrive suffering from cholera. They were also furnished with the admirable provisional memorandum, drawn up by Mr. Simon, which earnestly urges upon local authorities the immediate and energetic exercise of the powers conferred on them by the Nuisance Removal Act, during the prevalence of cholera, diarrhœa, diphtheria, typhus, or any other kind of fever; and which also contains concise and clear suggestions for the prevention and mitigation of these and other epidemic disorders.

"Diarrhœa was unusually fatal in London during the past summer, and a death from cholera was occasionally to be found in the Reports of the Registrar-General. Partial outbreaks of cholera—as on the banks of the Itchen, near Southampton—were said to have occurred in some of the country districts; but nowhere in this country, except at Wick, in Caithness, and at Glass Houghton, in the parish of Castleford, near Pontefract, had the disease appeared in an epidemic form.

"In the West Indies, yellow fever had been prevalent at several of the islands, more especially at Antigua, Trinidad, and St. Thomas. In the La Platte, which arrived last week at Southampton from St. Thomas, there had been fifteen deaths from yellow fever during the passage home. Much remained to be done in the way of improving military barracks in the West Indies; and, indeed, a thorough and minute inspection of all the barracks in these islands seemed absolutely necessary, if we intend to put an end to, or, at all events, to mitigate, the evils of every-day occurrence in that part of our colonial possessions.

"Scarlatina and diphtheria had prevailed in most parts of this country, more especially in the rural districts.

"Diphtheria had also appeared in Australia. The origin and progress of this disease in a country like Australia, which had all along enjoyed a comparative exemption from epidemics, were subjects worthy of careful investigation."

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Injection of Sulphate of Atropine on the Pneumogastric Nerve in Asthma.—Prof. Courty, of Montpelier, has communicated to the Academy of Sciences of Paris a case wherein he used this novel kind of treatment. The patient was a lady, aged fifty-four, who, for several years, had suffered from very severe fits of asthma. No organic disease of the heart was discovered. Relief was obtained in several fits, which occurred at three and four months' interval, by emetics, purgatives, frictions with mercurial and belladonna ointments, opium, valerian, and blisters dressed with morphine, sulphureous waters, &c.

In August of this year, the fit having recurred, M. Courty injected on the internal side of the sterno-mastoid muscle, and on a level with the thyroid body, six drops of a solution of sulphate of atropine (one grain of the salt to one hundred of water), just on the tract of the sheath which contains the vessels and the pneumogastric nerve. The trocar was introduced to the depth of only three or four lines, for fear of injuring the important vessels of the region. Symptoms of narcotism were observed, but the breathing was freer. The effects of the atropine injection lasted till the next day, when a second and similar injection was made on the right side. The narcotism now persisted during three days, and was combated by purgatives, enemata, tartar emetic, &c.; and, on the fourth day, a third injection of seven drops was had recourse to, the canula being introduced a little below the former puncture on the right side, to the depth of eight or nine lines, and moved about to allow the liquid to penetrate. Strong narcotism ensued, but it did not last long, and the fit of asthma was completely controlled.—*Lancet*, Dec. 24, 1859.

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Operations under Hypnotism in Paris.—M. Azam, a physician of Bordeaux, has recently come to Paris full of a discovery of a new mode of performing surgical operations during insensibility. New, it is not, for he was first led to its investigation by Mr. Braid's writings on "Hypnotism;" but he has performed various additional experiments respecting it. The subject sitting or lying down, the operator places a mirror a few inches from his eyes, and in such a manner, that the eyes are directed strongly upwards by the superior recti muscles kept at their extremest point of contraction. In this attitude, converging strabismus is produced, together with considerable fatigue of the eyes. After scarcely two or three minutes, the pupils first contract and then dilate, the eyelids first rapidly oscillating and then closing—the patient soon, in fact, being asleep. Now are observed two symptoms which are, in a greater or less degree, almost constantly present, viz: *catalepsy*—in all points resembling the affection so named—and *anæsthesia*, which lasts from three to fifteen minutes, and which is followed by very marked hyperæsthesia. Any of these phenomena may be cut short during their manifestation by friction of the eyelids, or by directing on them a current of very cold air. MM. Broca and Follin have repeated this experiment with the same results; and, in a case under their care, a perineal abscess has been opened

during hypnotism without any pain whatever.—*Med. Times and Gaz.*, Dec. 24, 1859.

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National Hospital for the Paralyzed and Insane.—This is the title of a new Hospital recently projected in London, and the subscriptions to which are rapidly progressing. Dr. Brown-Sequard and Dr. J. S. Ramskill, have been appointed physicians to this Institution.

The *Edinburgh Medical Journal* (Jan. 1860) notices the reported appointment of Dr. Séquard in the following complimentary terms:—

"It is generally reported that this distinguished physiologist (Dr. Brown-Séquard), whose researches on the nervous system, more especially in relation to epilepsy and paralysis, have gained him a world-wide reputation, will be elected a physician to the projected Hospital for Epilepsy and Paralysis, in London. This appointment would command the universal approval of the medical profession, not more on account of the unrivalled merits of the candidate, than by the impulse it would give in this country to the scientific study and treatment of nervous diseases, the results of which would be of incalculable benefit to the public and to the medical profession."

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Obituary Record—Died, in Dublin, on December 21st, of disease of the heart, Dr. William Fetherston H. Montgomery, late Professor of Midwifery in the College of Physicians, aged 62. Dr. Montgomery's name was "known and honoured wherever midwifery is practised."

NOTICE TO SUBSCRIBERS.

It will be observed that the "Library Department" for the present year will be occupied with the Clinical Lectures of Professor Simpson, of Edinburgh, on the Diseases of Females. This valuable series is now appearing, with the approbation of the Author, in an English periodical not generally accessible to the profession of this country; and as it presents the latest views of Prof. Simpson on practical subjects of much general importance, the publishers trust that it will prove acceptable to their subscribers.

The topics discussed at length in the Lectures which have already appeared, are Vesico-Vaginal Fistula; Cancer of the Uterus, its Pathology, Semeiology, and Treatment; Carcinoma of the Uterus and Mamma; Dysmenorrhœa; Closures and Contractions of Vagina, etc.; Caruncles of the Urethra; Neuromata of the Vulva; Hyperæsthesia and Neuralgia of the Vulva; Abscess of the Labia, and various forms of Vulvitis; Surgical Fever, its Etiology, Semeiology, and Treatment; Phlegmasia Dolens; Diseases and Deformities of the Coccyx; Pelvic Cellulitis; Pelvic Hæmatoma and Varix of Pudendal Veins; Spurious Pregnancy; Diseases of the Ovaries, etc. etc. These will be immediately followed by others treating of Cranioclasm, a new form of Craniotomy; Fibrous Tumours and Polypi of the Uterus; Inflammatory Affections of the Uterus and Vagina; Displacements of the Uterus; Diseases of Menstruation; Physical Diagnosis of Diseases of the Ovaries, Uterus, etc.; Surgical Operations on the Vagina and Perineum, etc. etc.

Although in a series of Clinical Lectures no systematic order is possible, still the author promises that nearly all the diseases and accidents incident to women will be fully discussed during the course. It will thus constitute a Treatise on Female Diseases of much value to the practising physician.

Philadelphia, February 1st, 1860.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Death from Cerebral Disease, after Ligature of the Carotid.—The usual cause of the failure of a ligature placed upon the carotid artery is softening or some other disease of the brain, the result of defective nourishment, arising from an imperfect collateral circulation. Mr. Erichsen, in his *Science and Art of Surgery*, quotes a table of Dr. Norris, of ligature of the carotid followed by fatal cerebral disease. Out of 149 cases of deligation of this artery, 32 were fatal, 18 of these resulting from cerebral disease. Curiously enough, in 10 cases in which both carotids were tied in the same patient, and where great cerebral disturbance might have been expected, only one death ensued. Disease of the brain, then, must arise from the inequality or imperfect balance of the circulation in the two hemispheres, when one of the carotids only is ligatured, but which, nevertheless, impairs the function and power of the entire cerebrum. With these observations, we have now to state that the case of ligature of the carotid artery, applied by Mr. Stanley at St. Bartholomew's Hospital on the 26th of October, for a supposed wound of that vessel in puncturing the tonsils (see No. of *Med. News* for Jan. last, p. 1), terminated fatally, quite suddenly and unexpectedly, on the 24th ult.

Apparently, a most excellent recovery had ensued, and the patient was on the eve of leaving the hospital to spend Christmas-day with his family, when he was seized with paralysis of the right side of his body, followed by insensibility, coma, and death, within four hours, as we were informed by Mr. Rogers, Mr. Stanley's house-surgeon. It appears, however, that the poor man had

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been complaining of his head for about a week before this event happened.

After death, the posterior part of the brain was found softened and extensively disorganized—indeed, it was diffluent. A small abscess was present in its anterior, and three others in its posterior parts. There was no effusion of blood or serum. The jugular vein was sound, but the carotid artery was thickened, with suppuration in its interior up to the point of its bifurcation. Dissection further revealed a wound of the tonsillar artery, and not of the carotid, as was originally supposed.

It appears that this patient's constitution had been severely tried in various hot climates—he was in the Crimea, amongst other places; and lately was on the strike, being by trade a handicraftsman.—*Lancet*, Jan. 14, 1860.

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False Axillary Aneurism after Fracture and Dislocation of the Humerus; Death.—Two most interesting cases of false aneurism have recently occurred at St. Bartholomew's Hospital. In the first, the man was under Mr. Stanley's care, and owing to the extreme obscurity attending the diagnosis, it was judged best to tie the external iliac. At the autopsy, the tumour proved to have been a false aneurism, consequent on spontaneous laceration of the profunda artery. In Mr. Skey's case, as there was a history of dislocation of the humerus five weeks before, and as the tumour had formed in the axilla of that side, no doubt existed as to its nature, or its cause. Opinions were, however, greatly divided, as to whether the subclavian should be tied, or an attempt be made to find and secure the vessel at the injured spot. Mr. Skey decided to adopt the latter operation, and was successful in its completion, though after a troublesome dissection, and considerable loss of blood. Such was the state of the parts from consolidation, extravasation of blood, etc., that it was scarcely possible to feel sure whether it was the trunk of the axillary itself which had been tied or not. The patient was an elderly woman, and very feeble, and sank about thirty hours after the operation. The autopsy, the notes of which are appended, showed that the axillary trunk itself had been tied.

Notes of the autopsy, performed twenty-four hours after death.—On exposing the cavity formed by the extravasated blood, the axillary artery, where it is surrounded by the brachial plexus, was found to be torn asunder, the two ends of which were securely tied. That portion of the radial nerve, which enters into the formation of the brachial plexus, was also rent asunder. No local insensibility of the arm was detected during life, nor was attention directed to it in consequence of the larger evil; but the woman complained of general numbness, which might be referred either to pressure on the brachial nerves, or possibly to pressure of the largely extravasated blood. On examining the articulation, the fibrous capsule was open by a small rent, and the synovial membrane partook of the general discoloration of the structures around. The humerus was fractured very obliquely, from the head downwards, to the extent of five inches. The lower fragment commencing in an acute point, corresponded with the laceration in the artery and nerve, and had probably caused it.

Much discussion had taken place prior to the operation, as to the most eligible proceeding to be adopted. Positive reduction in the size of the tumour was obtained by pressure on the subclavian artery passing over the first rib. Hence a ligature on that vessel was suggested, with a view to arrest the hemorrhage, and to obviate the necessary evils of an operation, which must injuriously expose the cavity of the sac. An additional motive for selecting the former operation arose from the great probability that the shoulder-joint would by the latter be exposed to the air. Mr. Skey, however, laid the sac open, and tied the artery at the part wounded, giving as his reasons the following: 1st. That diminution of the size of the tumour, on pressure on the subclavian, was no conclusive evidence that future hemorrhage would not occur from the wounded vessel, even supposing temporary benefit to arise from the operation; and, 2d. That as the accident had occurred five weeks prior to the date of the operation, it was reasonable to suppose that the wound in the fibrous capsule had sufficiently healed to prevent access of air to the joint. In the validity of this reasoning, most of Mr. Skey's colleagues fully concurred.—*Med. Times and Gaz.*, Jan. 14, 1860.

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Puncture of the Ascending Aorta by a Needle; Death; Autopsy.—S. H., aged 19, a fine, healthy-looking young woman,

walked into the surgery at St. Bartholomew's Hospital, about 2 A. M., on Tuesday, Jan. 3, and stated that she had had a few words with a man, who had given her a push, and driven the hook of her dress into her chest, about fifteen or twenty minutes previously. Mr. Farrington examined her, and found that on the right side of the sternum, between the second and third costal cartilages, the skin was projected forward about one-eighth of an inch by some foreign body, which received a pulsation synchronous with the action of the heart. A small puncture, such as would admit a pin, about a quarter of an inch from the projection, was the only wound visible. There was a single spot of blood on her chemise. On questioning her, she said it might possibly be a needle, as she sometimes carried them stuck in her dress. She complained of a slight sense of fulness in her throat, and pain in the right shoulder. Her respiration was slightly accelerated; pulse 120, which might have been due to excitement. She said that if it could be taken out, she was quite well enough to go home. It was with much difficulty that she was persuaded to remain in the hospital. She walked to the ward, and on arriving there complained suddenly of great pain in her chest, and of feeling very faint. Mr. Farrington saw her a few minutes afterwards, and found her in great pain. Her countenance was livid, and her expression anxious. The projection on the right of the sternum still remained, though it was now quite motionless. The action of the heart was extremely feeble, the radial artery being scarcely perceptible. Respiration was deep and slow, ammonia was applied to the nostrils, and the pulse slightly revived. Mr. Farrington now made a small incision over the projection, and with some little force extracted a piece of a needle one and seven-eighths of an inch long, the outer end being slightly bent, and the part containing the eye being broken off. It took a direction obliquely beneath the sternum and rather downwards. Brandy was given to her, but she was unable to swallow it. Her condition gradually became worse. Delirium supervened, the heart became more and more oppressed, the sounds becoming more feeble and distant, the pulse being occasionally quite imperceptible, and then feebly returning. Respiration deep and at long intervals. She gradually sank, and died about an hour after her arrival at the hospital.

Autopsy, Thirty-two hours after Death.—The seat of the puncture was found to be just below the second costal cartilage and close to the right edge of the sternum. Two small punctures were found in the pericardium, their situation nearly corresponding to the external one. The pericardium was fully distended and contained about a pint of blood, the serum having separated from the clot, which latter quite encased the heart. Beneath the external coat of the aorta, just at its commencement, was an extravasation of blood about the size of a shilling. About half an inch above the aortic valves were three or four punctures, such as would have been made by the needle; through the whole thickness of the outer wall of the artery, and within a quarter of an inch of each other, one puncture being about one-sixteenth of an inch long, and as if enlarged by the pulsation of the artery while the needle was fixed in it. Both lungs were much congested, and contained very little air. The other organs examined were healthy.—*Med. Times and Gaz.*, Jan. 14, 1860.

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Hemorrhage from the Removal of Dead Bone.—In the union of severely comminuted and compound fracture, the normal position of parts will sometimes become changed, and the course of even one of the larger bloodvessels may be altered. This is only to be discovered when any operation is subsequently required, such as the removal of a piece of dead bone. An illustration in point was presented to our notice at St. George's Hospital on the 22d of December. An elderly man was brought into the operating theatre with necrosed bone over the site of a fracture of the left tibia, which occurred two years ago. The bone was broken into several pieces, and a wound communicated with the fracture. The leg was carefully put up, and union ensued, with some slight deformity, but nevertheless a good limb was saved. Some dead bone remained, and was the cause of much trouble. Mr. Cæsar Hawkins used the trephine, and removed the whole of it. It was necessary to employ the scalpel in reflecting back the tissues, and in doing this the anterior tibial artery was wounded; its course had somewhat deviated across the fracture, and it seemed to be lodged in

a fossa formed by a projecting piece of bone. Attempts were made to take up the vessel with the forceps and to apply a ligature, but all were unsuccessful, until a square mass was dissected away and isolated, including the vessel, when a ligature, placed over all, stopped further bleeding. The hemorrhage, however, was most difficult to control until this process of isolation was adopted by Mr. Pollock. The patient is going on well, and free suppuration has been established.—*Lancet*, Jan. 21, 1860.

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Hydrocele radically cured by the Wire Seton.—With some surgeons the use of metallic wires, in the radical cure of hydrocele, is finding much favour, from the fact of their application being easy, the cure tolerably speedy, and the pain of trifling amount: the last, we need not say, is a desideratum of importance. In the number of this journal for Sept. 10th last, we referred to five cases of hydrocele in which the silver wires were successfully employed by Mr. Pollock, at St. George's Hospital, one of them being an encysted hydrocele of the cord. Since then he has treated others. We saw these wires applied, in his eighth case, on Dec. 8th, in the person of a man with a large dropsy of the tunica vaginalis. This was tapped, a needle being passed into the canula, armed with a silver wire, and out through the scrotum. The canula was now withdrawn, and the two ends of the wire tied. This case subsequently did well, and was a good cure. Mr. Pollock afterwards stated that all injections for the cure of hydrocele were attended with some amount of pain, often very severe, the cure not unfrequently being tedious. Iodine, he observed, causes excessive distress and faintness, and will even fail to cure in some cases. He recollected an instance in which a man fainted from its use. The wire is simple, and causes no pain until secondary inflammation is set up. From thirty-six to forty-eight hours is the maximum time that he considered that the wire should be left in, when sharp pain and effusion occur, and then it is removed. The cure is effected in two weeks. If the wire be left in too long, the pain will be very severe. In one case, however, that of a young man with an encysted hydrocele of the cord, containing four or five ounces of serum, the wire was left in for a week, during which time he was walking about. Mr. Pollock thought there was not the same amount of risk when the dropsy is confined to the cord as when it exists in the old situation. The cyst was obliterated, and continued to be so, as verified by an examination some months after.

These wires we have seen Mr. Fergusson employ in similar cases at King's College Hospital, and with equally good results. —*Lancet*, Jan. 14, 1860.

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Turpentine in Hæmoptysis.—There are several well-known remedies which justly enjoy a high reputation for arresting attacks of hæmoptysis, and amongst them may be mentioned acetate of lead, gallic acid, and dilute sulphuric acid. These we see commonly employed, and almost invariably with success. From some cause or other, however, they will sometimes fail, and our reliance must be placed upon some other astringent and styptic, which shall have the power of effectually checking this slow form of bleeding from the lungs. The oil of turpentine is, perhaps, one of the best next to those we have mentioned, and when properly administered can be relied upon. We lately observed two cases of hæmoptysis in the Charing-cross Hospital, under Dr. Willshire's care, which continued obstinately persistent, in spite of the free use of acetate of lead firstly, then gallic acid, and thirdly dilute sulphuric acid. One patient was a young man aged twenty-one years, who has had several recurring attacks of this symptom; he was admitted on the 28th of November. The hemorrhage was stopped only when the oil of turpentine was administered in doses of twenty-five drops three times a day in a little syrup and water.

The other patient was a female, at first in the surgical wards under Mr. Hancock's care; she had had a breast amputated, which was followed by intense congestion of the lungs, with hemorrhage. She was now transferred to Dr. Willshire's care, and after taking the other remedies in full doses without effect, the turpentine completely controlled the bleeding, and she is gradually improving.

The efficacy of turpentine is well known in hemorrhages from the urinary passages, and also from the uterus—that is to say, in their passive form; and as it exerts a specific and peculiar influence upon mucous surfaces generally, we may look for good results in other parts of the body, of which

the bronchi are most certainly not the least important.—*Lancet*, Jan. 14, 1860.

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Goitre successfully treated by Large Doses of Bromide of Potassium and Liquor Potassæ.—Cases of goitre, and especially those of long standing, are some of the most troublesome and unsatisfactory that fall under the notice of practitioners. In many of them, even where treatment has been successful for a time, it sometimes happens that from very trifling exciting causes the gland enlarges to as great a size as ever. During the past year we had the opportunity of seeing over a dozen examples of goitre, under Dr. O'Connor's care at the Royal Free Hospital. In a few of those cases, iodide of potassium, in small doses, gradually increased to much larger ones, with the external application of strong iodine paint, was tried without benefit. The same remedies in combination with steel, and generous living, were equally unsuccessful. Bromide of potassium, in doses of five grains, with ten minims of liquor potassæ in infusion of quassia, was next tried, and continued for some time, with benefit, the bromide being gradually increased to doses of twenty-five grains, three times daily, with forty minims of liquor potassæ. In all the instances in which it was given for a proper length of time, the result was a complete disappearance of the glandular enlargement. The minimum dose of the bromide now administered in these cases by Dr. O'Connor is ten grains, with twenty minims of liquor potassæ and infusion of quassia. There are now three patients under treatment in whom the progressively beneficial effects of this remedy are clearly discernible. In many of these cases strong iodine paint is used as an application. We have heard Dr. O'Connor state, that the bromide of potassium does not produce any of the depressing effects of the iodide, which is a practical point of very great importance.—*Lancet*, Jan. 21, 1860.

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Diseases of the Spleen.—The well recognized facts which have been brought forward to illustrate two special diseases in which the spleen is more or less engaged—namely, leucocythæmia splenica, and anæmia lymphatica, will help most materially in bringing the various conditions to which this singular organ is pathologically liable, into something like a form for analysis and classification. Our knowledge of disease of the spleen, *per se*, is valueless, unless we associate some other condition with it. During life, almost the only abnormal state hitherto diagnosed is enlargement; and if there be an absence of white-cell blood, or lymphatic glandular disease, we must look to some other cause for an explanation of the morbid influence acting on the spleen. This reminds us of two cases of splenic enlargement which came under our observation many months back: one, a patient in Faith ward of St. Bartholomew's Hospital, was under Dr. Burrows' care. She was twenty-one years old, had considerable hypertrophy of the organ in question, a pleurisy of the right side, and brow ague. It was difficult to determine the nature of the disease here, and the ultimate result is unknown, because she left the hospital, and was lost to observation; although she could have survived but a few weeks, as she was in a very low and exhausted condition. The other case was a male patient, under Dr. Hawkins' care, in the Middlesex Hospital, in January, 1858, who had enlargement of the spleen only, accompanied by dysentery. Violent purging, and hemorrhage from the stomach and bowels, arise in the course of disease of the spleen; and by-and-by, it is to be hoped, as our knowledge extends, that we shall be enabled to understand and explain these symptoms.

The spleen is subject to inflammation, softening, tuberculosis, cancer, and other diseases, besides congestion and its consequences in intermittent fever. Many good examples in which this organ was diseased in various ways, will be found in the chapter on its pathology in Dr. Crisp's *Treatise on the Structure and Use of the Spleen.*—*Lancet*, Jan. 14, 1860.

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Palsy and Wasting of the Flexors of the Forearm, from Hat-Pressing.—In wrist-drop, or palsy of the forearm and hand, in persons who are subject to the poisonous influence of lead, the extensor muscles are chiefly affected, and wrist-drop is the result. The fingers are seen to be flexed upon the hand, and the hand upon the forearm. The affection is a peculiar one, and not easily mistaken. We had the opportunity of seeing an opposite condition to the above at Guy's Hospital, on the 6th December, in the person of a young woman, aged

twenty-two years, whose occupation was that of a hat-presser. In her there was paralysis of the flexors of the forearm and hand, with wasting of the muscles. For five years, whilst employed in her avocation, this affection had been gradually coming on, and at last she had to give it up, as her hands and forearms were almost useless When she first came under the care of Mr. Bryant, about twelve months ago, the bones of the metacarpus could be plainly seen and felt in the palm, and the entire anterior aspect of the forearm was shrunken and wasted. She could not flex the hands upon the wrists, and could scarcely hold anything. Under the use of galvanism three times a week for nearly a year, she can now, however, flex the wrist pretty freely, and can grssp any substance with the fingers only, but the latter do not freely bend into the palm of the hand. The fleshy portion of the flexors of the forearm has, to some extent, regained its normal size, but the tendency of the hands and wrists is to bend backwards. The back of both hands appear natural, but the forefingers and thumbs cannot be used. She of course gave up her old occupation when she first came under treatment. Her general health has always been good.

A short time back we saw a case under Mr. Erichsen's care, at University College Hospital, of a man who had temporary paralysis of the supinators of his right forearm, from the constant use of tailors' shears.—*Lancet*, Jan. 21, 1860.

CLINICAL LECTURE.

Practical Clinical Remarks on the Dressing of Wounds and Bruises, with some Observations on Position as a Remedial Agent. Delivered at Middlesex Hospital, by MITCHELL HENRY, Esq.; Surgeon to the Hospital.

Gentlemen.—It may broadly be stated that in no one particular is a reflective surgeon more distinguished than in the care he bestows upon the external management of the cases that come before him. He who does not endeavour to refer all his proceedings to the guidance of reason, or who proceeds in the path of routine, without regard to the *principles* involved in the treatment he adopts, will never make any considerable progress in his profession, and will always be behind rather than in advance of the times in which he lives. In nothing is the truth of this statement more conspicuous than in the dressing of sores and wounds. In former times the error lay in doing too much—vulneraries, ointments, bandages, and stimulating applications, formed, as with some they still do, the necessary accompaniments of every practitioner. On the continent, and especially in France, the surgeon is never content to let a wound alone; but, when he cannot find an excuse for doing anything else, invariably applies to it, in passing, a solution of nitrate of silver, which he carries with him for the purpose. In England, however, there has long been a reaction against this excessive meddling, and the error is now rather the other way. Influenced by the encomiums of Mr. Abernethy, the application of a "well-made poultice" forms the easy method in which a vast variety of suppurating wounds are habitually treated by professional men as well as by the public. It might have been expected that the outcry which was formerly raised by Mr. Liston against this practice would have effectually discountenanced it; but personal observation will convince any one that it is far from being exploded, even in our hospitals. I have seen many a limb become disorganized within the folds of the cloth that contains the poultice—many an inflammation, and especially many a phlegmonous inflammation, spread, under a similar application, until it has cost the patient his life; and many a burn prove fatal from want of careful dressing. It does not require that we should go far to seek the reason for this state of things; it is simply that the *patient dies poisoned by his own secretions.* He might just as well live over a drain, or expect to regain health and strength in an atmosphere of sulphuretted hydrogen. Pus, however formed, or in what situation soever found, is a morbid secretion which must be checked, and got rid of as soon as possible. Sloughs and disintegrated tissue are matters which have no business in contact with living textures. A poultice, though often renewed, retains these noxious materials in the neighbourhood of absorbents, which, from the removal of the integuments, are unusually well placed for conveying poison into the system; and hence it is that so many patients suffering from severe burns die from a species of low typhoid fever after they have survived the first shock, and their wounds are "suppu-

rating kindly." Pyohæmia and general infection of the system may often be traced to the absorption of putrid matters from suppurating sores, and it therefore becomes of great importance to provide for the effectual cleansing of wounds, and for the oxygenation of such discharges as are unavoidably retained in contact with them. These things are almost impossible under the poulticing system, even with the addition of charcoal, yeast, carrots, and other substances which are commonly used for that purpose. It must not be supposed, from the foregoing remarks, that poultices are to be indiscriminately condemned; with certain restrictions they are proper and useful; but I speak thus definitely, because I wish to rouse your attention to certain "*common things*," which are in danger of being lost sight of from their very homeliness.

First, I wish to say a few words to you respecting *bruises*. They are of various degrees of intensity, sometimes being very trifling in amount, and sometimes reaching to the almost complete disintegration of the tissues; and, if at all serious, are invariably accompanied by the effusion of blood from the broken capillaries underneath the skin. The great extent of these effusions of blood, extending as they do sometimes for a space of a foot or more around the seat of injury, the feeling of soreness which they produce, and the changes of colour which the absorption of the blood gives rise to, are familiar to us all. We all know, too, that condition of general shaking, from a fall or the like, which causes people to complain of "being bruised all over." In fact, bruises in some shape or way are the commonest of all injuries, and those for which surgical aid is most frequently required. It is gratifying, therefore, to know that in the common arnica plant, and in the tincture prepared from it, we have a remedy of very singular efficacy, applicable in all cases, from the most trifling to the most severe. I have employed it for several years past in a vast variety of cases, and can speak of it from experience as unapproached in power by any other remedy or combination of remedies whatever. Many persons suppose that we are indebted to the homœopaths for the introduction of arnica; but this is quite a mistake, although it has been more prominently brought into notice by their commendations. Arnica has long been in use as a popular remedy in Germany, as well as in this country. In Ireland, a poultice of arnica leaves (the leopard's bane) is a favourite application to the "broken knees" of a horse, and is a far more rational one than the stimulating "oils" so commonly used in England. To bruises, to allay the smarting of wounds after operation, to fractures, dislocations, and all similar injuries, it may be applied with implicit confidence in its power, to the exclusion of fomentations, cooling lotions, and leeches. The only objection that can be made to it is that it sometimes irritates the skin; but this proceeds from its being employed in too great quantity and strength; or it is possible there may be a peculiar idiosyncrasy which predisposes the skins of some persons to become irritated by it. I can only say, however, that such cases must be rare indeed, for I have never met with one. I never employ it weaker than two drachms of the tincture to the pint of water, or stronger than two drachms to the ounce of water, and this only in rare cases, and for a short time, until pain has abated. The most useful strength is four or six drachms to the pint, and this may be kept as an hospital preparation, and used indiscriminately. In cases of very severe shock, as in heavy falls, a few doses of the tincture in quantities of five minims, administered internally at intervals of four or six hours, and carefully watched, for it is a depressant, will give great relief.

A few examples will serve to illustrate the foregoing remarks, and, first, one from my own personal experience: Three years ago the top of my finger was caught and violently jammed in shutting a carriage door. In the course of a few minutes the nail got black, and blood oozed from beneath its sides, whilst the pulp of the finger swelled up into a distinct tumour from the effusion of blood, and I need hardly say the pain was excessive. I went to the nearest chemist's, and got a lotion composed of two drachms of the tincture of arnica in one ounce of rose-water, and applied this assiduously as fast as the lint wrapped round the finger became dry, at the same time taking care to keep the hand well elevated. In the course of an hour the pain had very much abated, and I added some water to my lotion. Before going to bed at night, all inconvenience had ceased, except when the part was touched; the blackness rapidly disappeared, and in a few days my finger was perfectly well, without the loss of the

nail, and in striking contrast to what usually happens in such cases.

Many of you will remember a man, lately discharged from Clayton ward, who had fallen from a scaffolding twenty feet high, and had alighted upon the broad of his back. His sufferings were extreme; he passed blood in his urine, and subsequently for two days had retention. Nevertheless, the arnica lotion applied to his back, and a few doses of the tincture taken internally, relieved him in a marvellously short space of time, although every surgeon knows that there is not a more troublesome or lingering affection than this general shaking or bruising from a heavy fall.

Another patient, not yet discharged from the same ward, had an obscure injury to the shoulder-joint, simulating dislocation, for which attempts at reduction under chloroform had been made before I saw him. The injury was probably fracture of the glenoid cavity of the scapula, and was followed by ecchymosis extending half way down the back, and by very acute pain. Here the arnica was no less useful than in the former case, and the man has now almost recovered the use of his limb. To all our fractures you know it is an established remedy, and you saw me lately employ it as a lotion to relieve the pain which followed an operation for the extraction of cataract. Some of you will recollect that very formidable case of fistula in ano which lay in Bird ward, and which required so many operations for its cure. Nothing alleviated the severe pain attendant on it so much as arnica. I am informed by our house-surgeon, Mr. Cresswell, that he paints over any black eye that may be seen in the surgery with the pure tincture, which has the effect, in the early stage, of preventing the ecchymosis almost entirely, and, in a later one, of rapidly getting rid of it. But I might multiply these cases indefinitely. I am bound to say, however, that I have not as yet found it to be so efficacious in relieving the pain of cancer as we might have hoped it would be, and this probably arises from the fact that its action seems to be confined principally to the cutaneous and immediately subjacent textures. And this leads me to speak of its *modus operandi*. We know very little indeed of the ultimate action of any medicine or external application, but the probability is that arnica produces anæsthesia of the cutaneous nerves, and exerts some influence on the ganglionic nerves, which surround the bloodvessels, and regulate their action; for it certainly arrests the formation of thrombus and ecchymosis. However, whether this is theoretically correct or not, the practical efficacy of arnica is incontestable.

I have only one other hint to give you as to the treatment of bruises, and that is—whenever practicable, keep the limb well elevated above the plane of the body; but upon this important subject I shall have more to say by and by.

Wounds.—As regards the treatment of recent wounds, whether connected with fracture or not, it is also necessary to be on your guard lest meddlesome surgery, like meddlesome midwifery, prove injurious to your patient. When hemorrhage has ceased, and the part has been perfectly but gently cleansed, all torn and displaced textures should be carefully brought together, taking care that no stretching of the integuments is permitted. In many cases, where there is a disposition to sanguineous oozing, a bit of dry lint forms the best and readiest application. The albumen of the blood coagulates and hermetically seals the wound; whilst, at the same time, it is by no means prone to decomposition, so that it will dry and adhere for many days without becoming offensive. The case is quite different with clots of blood, which are notoriously apt to putrefy when exposed to the air. Strapping and adhesive materials, except sometimes as tending to support and consolidate the sound textures, should be avoided—metallic sutures, either of well annealed iron wire or of silver wire, being substituted for them. Metallic sutures excite no irritation, and may fearlessly be employed in every situation and to all textures. Unlike sutures made of vegetable materials, the holes through which they pass undergo no suppuration or ulceration, and they may be left *in sitû* for an indefinite period—for three weeks if it be desired; indeed, it is not an uncommon event for us to lose a wire suture altogether, the patient leaving the hospital with it still in his body. The arnica lotion should be applied over the wounded part, which, when practicable, should also be kept elevated high over the patient's body; and the relief that these two measures afford will surprise persons who are not familiar with them. The only exception to the propriety of elevating the limb is in cases in which there is much loss of temperature

from defective circulation, or a fear of sloughing from the severity of the injury. To limbs in this condition, thick layers of cotton wool form the most advisable application; but, in my opinion, no worse practice can be adopted than that which is too common—namely, the placing of the injured part in a hot poultice that it may "recover itself." The results of careful adjustment, and of attempts to save textures and parts, almost against hope, will amply repay the surgeon, who, at the same time, places his reliance in opium and wine as constitutional treatment. I may here mention that when reaction and inflammatory fever set in, the tincture of aconite, when carefully watched, will exhibit the surprising power which it exerts over all forms of vascular excitement.

Suppurating Sores and Wounds.—Your minds cannot be too strongly impressed with the truth, that suppuration is a great evil, and may become a great peril to your patient. All applications that promote it are, therefore, to be avoided—such as hot fomentations of all kinds, poultices, and ointments. Torn and disorganized parts will suppurate in spite of all we can do. Our efforts must, then, be directed to rendering the process as little inconvenient as possible. The most scrupulous attention must be paid to supporting the suppurating textures by means of splints, strapping the sound parts of the limb, and applying graduated pressure, so as to limit the area of suppuration, and prevent the matter from burrowing. Next, the pus itself must be rendered as innocuous as possible by attention to cleanliness, and by disinfection when, as is most commonly the case, this also is required. Long ago impressed with the fact that erysipelas, diarrhœa, phlebitis, and low fever could often be traced to the foul condition of suppurating sores on the patient's own body, I have tried almost every disinfectant that has come before me, including of late the mixture of plaster of Paris and coal-tar, now so much eulogized in France. One objection to it, and to several others—as, for instance, charcoal, one of the best of all—is that they are unseemly, or smell disagreeably. No such objection, however, applies to a solution of Condy's fluid (the permanganate of potash), which, for two years past, I have largely and most beneficially employed in the case of all varieties of suppurating sores. A solution of from half a drachm to two or four drachms of the purple fluid, to the pint of water, will keep even the most offensive sore sweet and clean, and, as a general rule, produce no pain whatever. If it does, the solution must be made weaker, until the required strength is attained, for there is a great difference in respect to its tolerance amongst patients. Its benefits are, perhaps, more strikingly displayed in the case of burns than in any other form of suppurating sore. From the day that suppuration commences in the case of a burn or scald, under my care, it is dressed with lint saturated with a weak solution of this fluid, commencing with half a drachm to the pint of water, over which a layer of cotton wool is applied. I have no hesitation in saying that burns thus treated will get well better than under any other system that I am acquainted with. The smell, always one of the most distressing features in these cases, is very greatly lessened, if not altogether destroyed; and the patient, no longer tormented with a horrible odour constantly under his nose, regains his appetite for food, whilst he is spared the chances of constitutional affections from absorption of putrid matters.

Amidst the variety of cases thus treated which you have all seen, I need but single out, as an example, the case of Bridget C——, who for eight months lay in Bird ward. Hers was one of the worst cases of burn that I ever saw recover, extending, as it did, over nearly all the left side of the trunk and abdomen, by far the most perilous situations, as well as over the left upper and lower extremities. Those of you also who have watched, as I requested you would watch, that old woman from whom I recently removed a large polypus which had grown into the frontal sinus, and displaced the eye, will have observed how the serious typhoid condition into which she was thrown by the putrid discharge flowing back into the pharynx, was chiefly relieved by the assiduity with which the discharge was disinfected by injecting the two-drachm solution of Condy's fluid into the nares every four hours. So also you have often seen it employed as a wash for the mouth, as an application to destroy the fetor of cancerous sores, and as an injection in uterine carcinoma. Chemical science teaches us that the permanganates are true disinfectants because they oxygenate, and do not act merely as deodorizers.

Position as a Remedial Agent.—The last subject upon which I wish to speak to you at present is, the importance of enforcing an elevated position of the limb in a large proportion of the surgical lesions that come under our care. I add this to the other topics spoken of previously, because it is in practice inseparably connected with them, and because the whole of these observations taken together constitute a picture of the daily routine which, with various modifications suggested by experience, you will be called upon to follow out in the course of your ministrations. Whatever be the ultimate cause of inflammation, there can be no doubt that there is an accumulation of blood in the neighbourhood of injured and inflamed parts, arising partly from retardation in the circulation, and partly from an increase in the quantity sent to them. Even on the explanation of the mechanical pressure thus exerted on the nervous twigs, much of the pain complained of becomes explicable; but comparatively few persons are aware of the prodigious power which a great degree of elevation of the limb exerts upon the inflammatory process when it occurs in an extremity. If you elevate one hand high above the head, and suffer the other to fall down by the side, in the course of a very few minutes you will find how completely the one has become blanched and cold, whilst the other is hot and dark coloured. So it is with an inflamed limb; but a trifling degree of elevation is of no use; the lower extremity must be placed in the position which we adopt in cases of fracture of the patella; whilst the upper extremity, if the inflammatory symptoms run high, must be tied up, and supported as nearly as possible in the perpendicular position. I have kept limbs in these positions for a week at a time, although in the case of the upper extremity twenty-four or forty-eight hours of the extreme degree of elevation is all that is required. If both arms are placed high above the head, the effect produced in the cerebral circulation becomes very marked; and some persons are in the habit of relieving the severity of a morning headache, which they experience on waking, by the adoption of this simple proceeding. I was much struck by the fact that the sudden death of the Duchess D'Aumale, which occurred whilst she was convalescent from her confinement, took place as she sat up in bed combing her hair.

A very few examples of the beneficial effects arising from this plan of elevation will serve to remind you of what you may any day observe for yourselves in the hospital. Some little time ago a patient was received into Regent ward, with phlegmonous inflammation of the left thigh and leg, following on a slight wound, in an unhealthy constitution. The limb was much swollen, of a universally dark-red hue, inclining here and there to a claret colour, very œdematous, pitted on pressure, and intensely painful. Some years ago I should have adopted the practice which I learned at the hospital where I was educated, and should have made free incisions into it, to be subsequently followed by poultices; but now I had it wrapped in cotton wool, and maintained flexed at an acute angle with the abdomen, whilst a few small doses of the tincture of aconite were administered to the patient, for the general febrile disturbance was very considerable. In the course of six hours the pain, swelling, and redness had greatly abated, so that the patient slept as she had not done for many days previously. Subsequently, two or three small abscesses had to be evacuated from beneath the skin, and the patient got well under the employment of the tincture of iron, good living, and wine, with a speed which experience of both plans of treatment enables me to affirm she would not have done had the bloodletting incisions been resorted to. I might multiply such cases if it were necessary to do so. Take, for another example, the case of the woman now in Bird ward, who was admitted with a neglected scald of the ankle of a fortnight's standing. Observe how the enforced elevation of the limb speedily eased the extreme pain, and changed the character of the deep-red, inflamed, foul, discharging ulcers.

Similar instances you have seen in the case of the upper extremity; but, for a specimen, let me refer you to that girl who was admitted for repeatedly-recurring hemorrhage from a wound of the palmar arch. You know that the wound itself was sloughing, from the pressure which had been applied to it for some days before she came to the hospital, and that forcible flexion of the elbow-joint failed to stop the bleeding. A piece of bougie, rendered thicker by having lint wrapped around it, was strapped along the course of the radial and ulnar

vessels at the wrist, and for ten days the girl's hand was tied up, wrapped in cotton wool, to the head of the bed-post. She speedily got accustomed to the inconvenience of the position, and, almost contrary to expectation, the wound healed kindly, without further hemorrhage.

I may mention, in order to show that this position of the arms, though unpleasant, is by no means unbearable, that I am acquainted with the case of a young lady who for two years slept with the hands and arms thus raised, as a means of preventing her from practising masturbation, which had reduced her to the lowest state of mental and bodily weakness.

These things, gentlemen, may appear to be but little matters, but you may depend upon it that as our knowledge increases so do our plans of treatment become more precise and simple.—*Lancet*, Dec. 10, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The American Medical Association will hold its thirteenth annual meeting at New Haven, Ct., on the *first Tuesday of June*, 1860.

The secretaries of local societies, colleges and hospitals, are requested to forward the names of delegates, as soon as they are appointed, to

STEPHEN G. HUBBARD, M. D.
Secretary.

New Haven, Ct.

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National Convention for Revising the Pharmacopœia.—The following appointments of Delegates to the Convention for revising the Pharmacopœia, to meet in Washington on the first Wednesday in May next, having been duly made known to me, are hereby announced, in compliance with a provision of the Convention of 1850.

From the Massachusetts College of Pharmacy, Messrs. Theodore Metcalf and Charles T. Carney; from the New York Academy of Medicine, B. W. McCready, M. D., E. H. Davis, M. D., and E. R. Squibb, M. D.; from the College of Physicians of Philadelphia, Geo. B. Wood, M. D., R. P. Thomas, M. D., and Robert Bridges, M. D.; from the University of Pennsylvania, Joseph Carson, M. D., R. E. Rogers, M. D., and Joseph Leidy, M. D.; from the Jefferson Medical College of Philadelphia, Franklin Bache, M. D., and T. D. Mitchell, M. D.; from the Philadelphia College of Pharmacy, Messrs. Wm. Procter, Jr., Edward Parrish, and Alfred B. Taylor; and from the Medical Society of North Carolina, Wm. Geo. Thomas, M. D., Peter E. Hines, M. D., and Edward Warren, M. D.; from the Medical Society of the State of New York, Drs. E. R. Squibb, Howard Townsend, and Caleb Green; from the College of Pharmacy of the City of New York, Messrs. Wm. Hegeman, Alex. Cushman, and John Meakim; from the Faculty of Physic of the University of Maryland, Professors Samuel Chew, Charles Frick, and Wm. E. A. Aikin; from the Maryland College of Pharmacy, Messrs. G. W. Andrews, Israel J. Grahame, and Alpheus P. Sharp; and from the Cincinnati College of Pharmacy, Messrs. E. S. Wayne, W. S. Merrill, and W. J. M. Gordon.

By order of the Convention of 1850.

Geo. B. Wood, *President.*

Philada. Feb. 14, 1860.

Other medical journals will please copy.

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Sewerage and Drainage of large Cities.—At a meeting of the Am. Med. Assoc., held at Louisville, Ky., May, 1859, Dr. A. J. Semmes, of New Orleans was appointed Chairman of the Committee on the "*Influence of Sewerage and Drainage of large cities on Public Health.*" Any facts, suggestions, documents, reports, or other matter having relation to this important subject, will, he announces, be thankfully received and duly acknowledged by him.

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Officers of the College of Physicians of Philadelphia.—The following were elected officers for 1860 at the meeting on 4th January:—

President.—Dr. Geo. B. Wood.
Vice-President.—Dr. Franklin Bache.
Treasurer.—Dr. John Rodman Paul.
Secretary.—Dr. Edward Hartshorne.
Librarian.—Dr. Thos. Hewson Bache.
Censors.—Drs. G. W. Norris, I. Hays, Jos. Carson, W. S. W. Ruschenberger.

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Philadelphia Medical Society.—Instituted A. D. 1789. Incorporated A. D. 1702. At a meeting of this Society held January 30,

1860, the following named were duly elected officers for the current year, viz.:—

President.—Dr. R. La Roche.

Vice-Presidents.—Dr. John Neill, Dr. George W. Norris.

Treasurer.—Dr. John J. Reese.

Corresponding Secretary.—Dr. John B. Biddle.

Recording Secretary.—Dr. A. E. Stocker.

Censor.—Dr. Samuel Lewis.

Orator.—Dr. M. O'Hara.

Librarian.—Dr. J. H. Packard.

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Boston Medical and Surgical Journal.—Drs. W. W. Morland and Francis Minot have retired from the Editorship of this journal. We regret to part with our respected *confreres*, and wish them happiness and success in their future pursuits in life.

Drs. F. E. Oliver and Calvin Ellis succeed to the Editorial chair.

FOREIGN INTELLIGENCE.

The Safeguards of the Eye.—The higher phenomena of physical science are but little studied in their physiological relations. This is probably due to the rare combination of great physical acquirements with anatomical or physiological instruction. When physiology shall have assumed its rightful place amongst the studies of our higher schools and universities, we shall no longer have to complain of the barrenness of mathematical science in the explanation of vital phenomena.

M. Regnault, in an interesting paper, endeavours now to establish the respective part of the chemical rays, and the various elements of the visual apparatus, in the exercise of sight. Every one knows that light includes three varieties of rays—luminous, calorific, and chemical. The latter are especially found in the violet and ultra-violet (non-luminous) parts of the spectrum. Again, certain bodies, such as the sulphate of quinine, uranium, &c., have been shown to possess the property of fixing these rays, and thus becoming *fluorescent*.

These principles of optic science M. Regnault has proceeded to apply to the study of the optical phenomena of the eye, by the aid of some very exquisite experiments. By the help of some beautiful proceedings, he procured ultra-violet chemical rays, and assured himself that the constituent parts of the eye were fluorescent—that is, absorbent of the chemical rays. This property was well marked in the peripheric layers of the crystalline; somewhat less so in the cornea. The retina, also, is slightly fluorescent.

It results from these experiments that we may regard the lenticular apparatus of the eye as a veritable shield to the retina. Giving passage to the luminous rays, which alone are necessary to sight, and retaining the chemical rays, which might injure the retina, they must henceforth be accounted as amongst the tutamina oculi. If the iris and the lashes regulate the quantity, we may regard this apparatus as regulating the quality of the rays which impinge upon the optic nerve.

The retina itself is slightly fluorescent. Probably, then, the retina, like the skin, is served by the absorption of a moderate proportion of these rays, and injured by the excess. So, also, with the crystalline and cornea.

This limited power of fixing the chemical rays is so adapted to external nature, that the rays commonly reflected from the various objects do not contain a greater proportion of those rays than can be controlled by this remarkable provision. But, on the other hand, when gazing at substances which are themselves wholly devoid of fluorescence, as sand and snow, we painfully feel the injurious influence of the excess of chemical rays reflected upon the retina. And if this trying exercise be continued, not only the retina, but the lens and cornea will suffer from the strain. The most severe results have followed such exposure.

An interesting application of these studies of M. Regnault is suggested by the fluorescent property of the glass of uranium, which has a remarkable power of protecting the sight in this respect, since its fluorescent qualities are of the highest. Those who suffer from the reflection of light—from sand, chalk-cliff, glacier, or snow plain—may avail themselves of such a protection. The electric light is peculiarly intolerable by reason of the excess of chemical rays; transmitted through uranium they would be less intolerable, and the invention might be thus, perhaps, more generally utilized. The researches of M. Regnault are at once scientifically interesting and highly suggestive of practical results.—*Lancet*, Jan. 21, 1860.

A New Electric Pile.—A curious combination of elements for a galvanic pile has just been communicated to the Academy of Sciences by M. Marié Davie. It had hitherto been believed that, in order to obtain a regular and powerful current, the substance intended to absorb the hydrogen and to furnish the zinc with the acid which is to dissolve it, must be soluble also. M. Marié Davy shows that this need not be the case, and that is only requisite that the substance in question be a good conductor and reducible at the same time. With this view he selects sulphate and chloride of lead, the former being quite insoluble in water, and the latter nearly so. Sulphate of lead is not much used in manufactures, and yet is produced on a large scale for the preparation of the acetate of alumina, which is used in dyeing. Hence, it may be had cheap. Now, 33 kilogrammes of zinc, costing 25f., will reduce in the pile 144 kilogrammes of sulphate of lead, and thus produce 104 kilogrammes of lead, value 65f. There is, therefore, a difference of 40f., which will nearly cover the cost of the sulphate, so that the expense of this pile would be very inconsiderable. Its electro-motive power is not inferior to that of Daniel's battery. Chloride of lead is dearer than the sulphate, but is preferable in other respects, being a better conductor, and yielding a much stronger current. The arrangement of M. Davy's pile is the primitive one in columns. Every element consists of a tinned iron dish, having a disc of zinc soldered to the bottom outside; the inside is covered with a coating of sulphate of lead of the thickness of several millimetres. When in use each dish is filled with water, its zinc bottom being immersed in the water of the dish immediately below. A column composed of 40 elements thus disposed will form a column of about one metre in height. When the chloride is to be used instead of the sulphate, it should be previously cast into thin laminæ, and then broken into fragments, by which means the cleaning of the pile is easier to effect. A pile of this description is actually in use at the Central Telegraph Office, and has been in operation since the 9th inst.—*Med. Times and Gaz.*, Jan. 14, 1860.

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Amputation of the Thigh in the Hypnotic State.—M. Guérinau, surgeon to the hospital of Poitiers, in France, has just published, in the *Gazette des Hôpitaux*, the case of a farm labourer, of thirty-four years of age, who has had his thigh amputated for white swelling of the knee-joint, whilst under the influence of hypnotism. The patient had been ill two years, and experienced such pain in the knee that it could not be touched without exciting cries of distress. So apprehensive was he of pain, that he would not be carried to the operating theatre, but hobbled on crutches until he fainted. This was a case evidently unfit for chloroform, so that hypnotism was tried. A bright spatula was held about four inches from the root of the nose, the patient being recumbent. Strabismus immediately occurred; but when attempts were made to separate his legs, he resisted, and said it hurt him. Five minutes after the beginning of the experiment, one arm of the patient was raised by the surgeon, but it fell down; hence it was plain that catalepsy was not being produced, and the man then observed that it would be difficult to put him to sleep in that manner. Great silence was then enjoined in the room; and, after five more minutes, the patient being still fixed by looking at the spatula, the flap amputation was performed. It lasted one minute and a half, and, to the surprise of all present, not a sign of pain was evinced by the patient, and he made not the slightest movement, though hardly held by the assistants. When asked how he felt, he said he thought he was in Paradise. His eyes remained open the whole time, were somewhat oscillating, and affected with strabismus. About two minutes before the beginning of the operation, a pupil pinched the patient's thigh, asking him whether he felt pain, upon which he answered, "Yes, I feel a little." After the operation, the patient said: "I felt what was done, for, at the time the limb was being amputated, you said to me, 'Do you feel any pain?'" Now it should be noticed that the limb was removed two full minutes *after* this circumstance occurred, so that the man could not have felt any pain at the time of the actual operation. It is, however, not stated how he bore the tying of the arteries and the dressing of the stump.—*Lancet*, Jan. 7, 1860.

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The Physician Astronomer.—At a meeting of the Academy of Sciences in Paris, on December 26th, 1859, M. Leverrier made the following interesting communication: Dr. Lescarbault, a medical man in busy

practice at Orgères, in the department of the Eure-et-Loire, is also a zealous astronomer, and a man who supplies by his ingenuity the deficiency of the means which he possesses for prosecuting his favourite science. In March last, M. Lescarbault observed the passage over the sun's disk of a planet within the orbit of Mercury; and he communicated the fact to M. Leverrier, who had noticed certain perturbations in the motion of Mercury, that, in his opinion, could only be explained by the presence of another planet. This was in September last; and thereupon M. Leverrier visited him, together with M. Vallée, and had been enabled to confirm the title of M. Lescarbault to the discovery. The correctness of the results obtained by him was the more remarkable on account of the paucity of his instruments. On arriving at Orgères, M. Leverrier found a regular observatory, with instruments, chiefly contrived by the doctor himself, whose finances were limited. Not having a chronometer, he had made himself a pendulum, striking seconds, by means of an ivory ball and a bit of string. Notwithstanding the clumsiness of his apparatus, the calculations of M. Lescarbault varied less from those of M. Leverrier, than those of the most eminent astronomers sometimes do from each other. For want of paper, Dr. Lescarbault had generally written down his observations with charcoal on a deal board; which, with the doctor's calculations written on it, was presented to the Academy by M. Leverrier.

The Emperor of the French has conferred on Dr. L. the honorary distinction of Commander of the Legion of Honour.

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M. Vriès.—The history of this individual is rather remarkable. His age is fifty-five; a native of Surinam. In 1852, he made his *débût* in London in the capacity of a religious reformer, where he tried to attract public attention by placards announcing a crusade against popery, and to collect funds for the erection of a temple for a new sect of his own creation. Still later, he offered his services to the London Cancer Hospital, where, after some trial, he was declared to be a swindler. In 1854, we find him in Paris pestering the authorities with a new invention of his "to substitute the use of electro-magnetism for that of steam," and a commission was appointed to examine into the nature of his alleged new discovery. His next move was to prison for debt, where he spent seven months. This time was no loss to him or to the world, for he used his leisure hours to mature new plans of *escroquerie*. He met there with a kindred spirit, M. Tennesse, whom he engaged to act as an adjuvant in his future campaign.

He emerged from prison quite new-born, christened Dr. Noir (although he is not black); and his secretary, Tennesse, filled the newspapers with lucubrations about his master's wonderful cures. He addressed letters to the President of the Académie de Médecine, and to Dr. Conneau, the Emperor's physican, representing himself as an "M. D. of the University of Leyden, who had spent the greater part of his life at the tropics, and there made properties of plants his special study, and found the quinquina of cancer, and remedies for all diseases considered as incurable," &c. Dr. Bazin, of the Hôpital Saint Louis, was induced, by such audacious pretensions, to intrust Vriès with some incurable cancer patients in his wards, and the result proving the same as in the London Cancer Hospital, the doors of Saint Louis were shut against him.

In 1856, Dr. Noir resumed his old trade as religious reformer. But this time it was no crusade against the Pope, Cardinal Wiseman, or the Jesuits, but it was the burden of a new Revelation from Heaven, with the commission to build a marble temple at the Champs Elysées as a monument of the kingdom of reconciliation between the whole human race; Vriès himself acting, of course, as the apostle and *treasurer* of the new scheme.

His secretary published two pamphlets on the subject, which are worthy specimens of the man's impudence. All the architects of the country being at the same time requested to compete in forwarding plans for the new temple, one artist was really so credulous as to send in a plan, for which Vriès never paid him.

Passing by a great many interludes of our hero's career—viz., public dinners at the Hôtel de Louvre, and other exhibitions, to attract attention—we arrive at the most important period of 1859, when Professor Velpeau admitted him into the Charité, and gave him seventeen patients to try his skill upon. The result of that experiment is well known. After three months' trial, seven of the patients died. He was dismissed, and Professor Velpeau reported ac-

cordingly that "Seven died, and the rest are on the point of death; and the analysis of his drugs proved that he had no secret remedy whatever. Many substances he used are inert, others poisonous," &c. Yet that was no unfortunate circumstance; it was all Vriès wanted. It was generally thought that by admitting him into the Charité, Professor Velpeau misled the public in giving him a standing. This opinion is now confirmed by the fact, established in the course of his trial, that Vriès is no graduate of any university, but a downright swindler in the proper acceptation of the term.

Those who defend such a procedure on the ground of its being calculated to put down rather than to encourage pretensions, seem to forget that the public do not trouble themselves with the details of such questions, but they judge from the outline. To admit persons of that tribe into public institutions to experiment, is to raise them from the degree of street criers and to attach an importance to their name, to the damage of the public and to science.

There is another point of view which we ought not to disregard in the consideration of such questions—namely, Is any surgeon of a hospital justified in handing over unfortunate patients, who confide in him, to the care of such persons as this, without even examining his credentials?

The judgment passed upon Vriès is very mild indeed. Fifteen months' imprisonment and 500 francs fine are not much for such an extensive system of *escroquerie* of the most dangerous kind. Whilst, therefore, he has no reason to complain, it is to be hoped that his history will convey a moral and salutary lesson to others.—*Lancet*, Jan 21, 1860.

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Vitality of Toads.—M. Victor Legrip, of Chambon, has transmitted to the editor of the *Cosmos* an account of various experiments on this subject. M. Legrip put some toads in chambers hollowed in the earth to the depth of sixteen inches, placing them on a tile, and covering them with a pot. Others were immured between two disks of glass in plaster cells, without access of air; and some were imprisoned in masses of mixed plaster, which touched every part of them. The first were examined monthly, and exhibited no marks of decay till towards the twelfth month, their excretions being retaken as nutriment. They lived thus, on an average, for twenty-three months. The second lot, examined through the glass, presented the following phenomena: Abundant excretions of the debris of insects and larvæ; torpor while in darkness; sparkling of the eye at the approach of light; powerful efforts to escape; progressive emaciation till death, which took place generally after fifty-six days. Among the third class some toads were living after twenty-eight months of absolute sepulture. These facts prove that the toad can live a long time without aliment or aëration; he lived longer in the chambers where his movements were unimpeded, than in the cells where he could hardly change his position; but his life was very much longer when he was completely embedded in the plaster. Not being able to move, he lost nothing; and thus it will be easily comprehended that alimentation was much less necessary, and that his life, as if suspended, might continue for an indefinite period. M. Legrip states that toads are not only inoffensive, but exceedingly useful in gardens, and that he is not at all surprised at the increasing commerce in these animals, who live exclusively on worms, caterpillars, and insects, great and small, and are thus the protectors of a host of useful and ornamental plants. Market gardeners will find them invaluable.—*Med. Times and Gaz.*, Oct. 1, 1859.

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Preparations of Castor-oil Leaves.—Dr. Routh exhibited to the Medical Society of London (Dec. 12, 1859) three preparations of castor-oil leaves, a *tincture* and *liquor* (dose of each one drachm), and an *extract* (dose, five grains). The leaves were obtained from Australia, and the drugs prepared by Mr. Greenish, of London. The Society would remember, that Dr. Routh had read a paper on the subject of the lactagogue effects of this plant, the leaves of which, applied to the breasts as poultices, and as fomentations to the vulva, for three days at intervals, were used, at Bonavista, to induce milk in the breasts of women within catamenial ages, but particularly in those women who had borne children. The milk once produced could be perpetuated by the simple irritation effected at the nipple by the suction of a child. These facts, related by Dr. M'William, had been confirmed in part by Dr. Tyler Smith. Dr. Routh has published his experience on the

subject also in a series of papers. To lying-in women with a deficiency of milk, Dr. Routh had given the infusion, in combination with conger-eel soup, and the effect, in determining a copious flow of milk, had been remarkable. He had administered the extract to unmarried women within catamenial ages, and the effect had been to produce intense pain in the breasts; but as he could not find anybody in that case who would try the effects on a child, he had not yet induced milk in the breasts of such. After three or four days, the symptoms were relieved by a copious leucorrhœa. As it was possible that a larger experience of this remedy might enable us to convert some married women within catamenial ages into wet nurses, and as it undoubtedly acted as a powerful lactagogue in suckling women, he was desirous that others also should experiment on the subject, and therefore to direct them where it could be procured.—*Lancet*, Dec. 24, 1859.

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New Operation for removal of Naso-pharyngeal Polypus.—Prof. Langenbeck, of Berlin, describes (*Deutsche Klinik*, No. 48, 1859; *Gazette Hebd.*, Jan. 27th) a new operation in these cases, which consists in resecting the nasal bones and the orbitar process of the superior maxillary bone, leaving a bridge of periosteum by which the bones remain adherent to the neighbouring parts, and which permits them to reunite after the polypus has been removed and the bones replaced. Prof. Langenbeck has performed this operation with perfect success. The union appeared to be complete at the end of fifteen days, and left neither swelling nor tenderness.—*Lancet*, Feb. 4, 1860.

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Vaccination in Scotland.—At a meeting of the Medico-Chirurgical Society of Edinburgh, on the 18th inst., a paper was read on the subject of smallpox and vaccination by Dr. Alexander Wood, and a lengthened discussion ensued, in which Professor Simpson and other leading members of the medical profession in the city took part. All the speakers agreed in expressing unabated confidence in the efficacy of vaccination, if properly and universally performed, in diminishing the frequency of epidemics of smallpox, and in immensely abating their severity and reducing their mortality. —*Med. Times and Gaz.*, Jan. 28, 1860.

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Arsenical poisoning by Paper-hangings. —Three children near Tipton have suffered from the arsenical emanations from a green bedroom paper in a newly-papered house. The symptoms were emaciation, pining, general restlessness (worse at night, and twitching of the facial muscles. Dr. Ballenden, observing these symptoms, concluded that they were suffering from the effects of gradual poisoning; and, on being removed into another room, the children recovered.—*Lancet*, Feb. 4, 1860.

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Professors of Medicine at the German Universities.—It is customary in these universities to offer the principal medical chairs to such men as have rendered themselves celebrated either by their works or teaching; and at the same time to insure their services by rendering the charge advantageous to their possessor. In this way was the well-known Virchow, formerly at Würzburg, appointed some time since professor at Berlin; and so has, quite lately, M. Lebert been given the chair of clinical medicine at Breslau, hitherto occupied by Frerichs. M. Lebert, whose reputation is world-wide as a profound pathologist, has laid the foundation of his fame in Paris and Zurich.

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Leprosy in Cape Coast.—It is stated that leprosy is exceedingly prevalent in the town of Cape Coast, and is spreading rapidly, so as to cause great alarm among the community.

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Obituary Record.—Died, in London, Jan. 30th, 1860, of hæmatemesis, aged 51, Robert Bently Todd, M. D., late Physician to King's College Hospital, and well known in this country by his various valuable contributions to medical science.

—— suddenly, 1st of Feb. 1860, of gout, T. Alexander, Esq., Director-general of the medical department of the British army.

—— on the 15th of Jan., 1860, of disease of the bladder, Joseph Ayre, M. D., of Hull, in the 70th year of his age. Dr. Ayre was well known by his works on "The Disorders of the Liver," on Dropsy, and particularly by his various publications on the treatment of Asiatic Cholera.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Epithelial Cancer of the Pharynx; Threatened Death by Starvation; Gastrotomy; Death.—The patient, aged 44, came under Mr. Sydney Jones's observation about twelve months ago, when he was called in by the late Dr. Griffith, to open her trachea. She was a married woman, had borne two children, the last about thirteen years ago; since that time, however, had had several miscarriages. During the last fourteen years she had been delicate; had been twice under treatment for ulcerated os uteri; had suffered from occasional attacks of constipation, and frequently from colds and coughs. In July, 1858, she first began to complain of soreness in the throat, with slight cough and hoarseness. In spite of all treatment, this soreness increased, rendering the deglutition of solids, and even of fluids, extremely painful. The breathing also became more and more difficult, necessitating the operation of tracheotomy on the evening of February 10, 1859. A double tube was then introduced into the trachea, and from this time until her death—more than five months afterwards—her breathing was quite free, and effected entirely through the tube.

The pain and difficulty of swallowing, however, continued to increase after the operation of tracheotomy. Mucus, mixed occasionally with blood and pus, was constantly collecting about the fauces. In May, it was found impossible to pass a No. 12 elastic catheter down the œsophagus. About the beginning of June it was evident that no food passed into the stomach. Spoonfuls of fluid taken by the mouth were retained for about a couple of minutes in the pharynx, and then regurgitated. During the last five or six weeks before gastrotomy was had recourse to, all nourishment taken into the

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system was by means of enemata of milk, beef-tea, arrowroot, and brandy. All attempts (general or specific) to arrest the disease had failed. The patient was evidently sinking from starvation; her pulse was small, weak, and rapid; she complained severely of hunger and thirst, and asked if nothing could be done to relieve these symptoms. On July 13, Mr. Sydney Jones proposed to her the operation of gastrotomy, at the same time pointing out the severity of the operation, and the serious results that might ensue. She at once consented. Dr. Bristowe had kindly examined the thorax and abdomen, and was unable to detect any visceral disease. On Thursday, July 14, the stomach was opened, Mr. Simon and Dr. Bristowe being present, and kindly aiding with their valuable suggestions. An incision, about three inches and a half in length, was carried downwards, from between the eighth and ninth costal cartilages on the left side, along the outer border of the rectus. The latter being turned somewhat inwards, the conjoined tendon of the internal oblique and transversalis was divided. The peritoneal cavity was afterwards opened. Some little difficulty was at first experienced in securing the cardiac end of the stomach, in consequence, as was found after death, of the viscus being drawn downwards, and more to the left side than usual, by some omental adhesions. The stomach having been drawn forwards, was opened by a vertical incision, about three-quarters of an inch in length; the edges of the stomach wound were then firmly secured to the edges of the skin wound by five or six strong double silk ligatures. About four ounces of blood were lost during the operation. A tube, with a funnel fitted at the upper end, was placed in the stomach, and kept there till the patient's death. The tube was also curved, so as to allow the greater part of its length to rest against the posterior wall of the viscus. No irritation seemed to be produced by the permanent keeping-in of this tube. The operation was commenced about a quarter to three P. M.; at half past three P. M., a short time after its completion, an ounce of milk was introduced into the stomach, mixed with half an ounce of brandy. This was repeated at five P. M., with thirty drops of laudanum. She was tolerably cheerful, and expressed herself relieved from her feelings of hunger and thirst. A fomentation of chamomile was applied to the abdomen, and ordered to be continued. At ten P. M., the laudanum was repeated. At eleven P. M. an injection was given, by the rectum, of brandy, arrowroot, and beef tea. The patient passed a tolerably comfortable night, although she did not sleep soundly. Up to twelve o'clock milk was introduced every hour, in small quantity, either alone or combined with stimulant. After that hour, however, the patient inclining to doze, and a feeling of sickness, with a tendency to retch, being produced by the introduction of food, the latter was given only every two hours. Friday, July 15, nine A. M.—The pulse was very feeble; the surface was warm, but clammy. She complained of some pain in the neighbourhood of the wound, but there was no tenderness of the abdomen generally. Food was ordered to be introduced every hour. Its introduction produced a little retching, but no food escaped by the wound. An injection given at eleven A. M. In the evening of Friday she was evidently sinking rapidly. The hands, feet, and legs were cold, and the pulse hardly perceptible. She remained sensible till a quarter past twelve on Saturday, the 16th. Death about three A. M., thirty-six hours after the operation. The aperture in the stomach was about midway between the cardiac and pyloric ends, and the same distance between the upper and lower margins. The stomach, in the immediate neighbourhood of the wound, was adherent by recent lymph to the abdominal parietes. Elsewhere, however, no peritonitis existed. The larynx showed cancerous ulceration, extending from the epiglottis to the cricoid cartilage. The thoracic and abdominal viscera were healthy.—*Med. Times and Gaz.*, Feb. 4, 1860.

—

Castration for the Prevention of Insanity.—T. P., aged 50, residing in Walworth, was admitted as a patient at the Surrey Dispensary on November 10, 1859, under the care of Dr. Aldis, who visited him at home on the same day, and made the following remarks:—

The patient is lying in bed, and complains of great depression of spirits, being afraid of losing his senses. He suffers from great pain after every motion, when he feels as if "he could pull out his intestines." He is evidently of a very nervous temperament, has a fair complexion, and is subject to

fainting. The voice is weak and has always been so, but is not changed in character.

His brother-in-law, with whom he resides, had previously said, when he brought the letter to the Dispensary, that some questions might be asked regarding an operation which had been performed by Mr. D——, of ——,[1] in 1853, and to which his relative was ashamed to allude.

This suggestion having been acted upon, the patient admitted that his testicles had been removed by Mr. D——, in July of the above year. That the operation was performed in consequence of the dread he felt of becoming insane, as his brother and uncle lost their senses, and the latter committed suicide. That the wife, whom Dr. Aldis formerly attended for phthisis, had been a consenting party to this mode of treatment His wife had borne him six children, two of whom were living; one, a young man, aged 21, the other, a young woman, aged 23. He has derived no benefit from the operation.

These circumstances rendered an examination necessary; when it became clear that the testes were gone, and a cicatrix was observed extending upwards at an acute angle from the raphe on the scrotum.

He denied at first having experienced any sexual symptoms during his illness before the operation, but afterwards confessed that he committed self-indulgence whenever his wife was confined. He gave Mr. D. a testimonial, who wished for one, as to the safety of the operation, and said that the latter had performed it twice before! and a fourth person afterwards consulted the patient with a view of undergoing similar treatment.

The surgeon had removed to Glasgow, which place, it was believed, he had left for America. The author wrote to the village where the surgeon formerly resided, and could not hear of such a person living there now; but his name is in the Medical Directory of 1859, with an asterisk. The patient's brother-in-law and sister bear testimony to most of the particulars already mentioned; and further say, that he was a national schoolmaster, and left his last appointment without taking the salary, and came up to London unexpectedly, being unable to give a proper account of himself, when first found at the house of a relative. They are also positive as to the name of the surgeon and the nature of the operation which he has undergone. Mr. Sydney Jones accompanied the author on January 27 to see and examine the patient.

It was thought that the publication of this case might be interesting in consequence of castration having been recently tried for epilepsy in this country, where the author had never heard of its being performed before then, excepting in cases of such severe disease of the organs as to render it justifiable; and he ventures to hope that it may never be practised in future when the testicles are healthy, for the prevention of insanity or any other disease.—*Med. Times and Gaz.*, Feb. 4, 1860.

[1] The names of the surgeon, and the village where he resided, and the patient who was operated upon, are inclosed for the sake of authenticity.

Hydatids of the Liver, making their way out along the Hepatic Duct into the Alimentary Canal—A rather unusual case of hydatid disease of the liver, which ended fatally, was very recently under Dr. Barlow's care at Guy's Hospital. The patient was a man who was admitted with symptoms of hepatic disease and local peritonitis; he had had jaundice a month before his admission, which passed off. He survived but a short time; and, on making a post-mortem examination, a large hydatid cyst was discovered at the upper part of the liver, which had burst into the hepatic duct, its contents passing thence to the common bile duct and into the duodenum. Had circumstances been otherwise favourable, a recovery might have ensued, as this was an effort of nature to get rid of a visceral parasitic invasion. Dr. Wilks stated that he had met with one similar case, where the hydatid membranes passed into the alimentary canal, some of them coming away by stool, whilst others were ejected from the stomach during the act of vomiting. This termination of hepatic hydatids is by no means a common one. Sometimes they burst into the peritoneum, or into the chest. But in the human subject, although they are occasionally diagnosed during life, we have seldom any evidence to depend upon beyond symptoms of chronic hepatitis. The enlargement, however, has been known to simulate ascites, and tapping has been performed to afford relief. In Dr. Barlow's patient the true nature of the disease was not diagnosed, because he had not been sufficiently long under observation.—*Lancet*, Feb. 25, 1860.

LECTURE.

Clinical Lecture on a Case of Acute Sthenic Pneumonia left without Treatment, with Observations on the Temperature of the Body, and on the Urinary Excretion. Delivered at University College Hospital. By E. A. PARKES, M. D., Professor of Clinical Medicine.

GENTLEMEN: The case of acute pneumonia which I bring to your notice has favourably run its course without further treatment than the application of a few leeches. You must not, however, conclude from this that all cases of pneumonia should be left untreated. On the contrary, I am firmly persuaded that we have it in our power materially to modify the course and shorten the duration of pneumonia by the judicious employment of bloodletting, leeching, tartar emetic, certain salines, and opium. But as it is extremely important that you should know what is the natural and unmodified course of a disease, and as this appeared to be a favourable opportunity, I thought I could conscientiously leave the patient to the unassisted processes of nature.

Before commencing the case, let me remind you that in persons under thirty-five, and who do not suffer from any organic affection of the heart, liver, or kidneys, the acute sthenic pneumonia has, in the great majority of instances, a definite course. After some days of very slight initiatory malaise, severe febrile symptoms commence suddenly, and attain in a few hours a great intensity. And almost as sudden an improvement occurs about the fifth day in slight cases, about the ninth or tenth day in severe. The fever then either greatly lessens or ends, and all we have remaining is the local mischief which has taken place in the lungs, and which time more or less rapidly removes. This course, however, is, as already suggested, materially altered by the presence of other affections, especially of the kidneys and heart, and by the effects of the secondary contamination of the blood which results in the latter stages from the absorption of the lung exudation, and which can give rise to inflammation of the other lung, to pleurisy, pericarditis, and coagulation of blood in the heart or vessels. But making every allowance for these modifying agencies, we cannot refuse to allow that the symptoms in a majority of cases are evolved in a regular and consecutive manner.

In considering our case, we will divide the symptoms under three heads.

1. The course of the pyrexia, as measured especially by the thermometer and the pulse.

2. The course of the local lung symptoms.

3. The condition of other organs.

The patient, G. D., aged 22, is a well-built man, weighing when in health about ten atone, and measuring five feet four and a half inches in height. In habits, temperate; in occupation (cab-driver), much exposed to cold and wet. He has twice had rheumatic fever (eleven and two years ago), and his heart, in one or other attacks, has been slightly damaged, for he has slight aortic obstruction and mitral regurgitant disease, without at present any marked alteration in the size of the heart's cavities. Owing, perhaps, to his exposed occupation, perhaps to some slight reflux of blood from the slightly incompetent mitral valve producing lung congestion, and perhaps ectasis of the pulmonary vessels, he has been subject for six years to slight winter bronchitis, but at present he has no, or only slight, emphysema.

From his previous history, therefore, you will see that he has a strong rheumatic tendency, that his lungs have been somewhat damaged, and that these two unfavourable conditions are always liable to be called into action on account of his exposed mode of life.

For some days previous to Wednesday, January 4, he had had slight malaise, a little cough, and pain in the left side. At 4 P. M. on the day mentioned he shivered, had headache, and increase of cough. Next day he was so ill as to be confined to bed, and his expectoration was viscid and bloody. He was admitted in the evening of January 6. He does not attribute his illness to any special exposure. Counting the commencement of the disease from the shivering, and omitting the previous malaise, he was, when admitted, in the third day of the disease, the third day being completed at 4 P. M. on January 7. He was intensely febrile, with flushed cheeks; constant cough; viscid, bloody, pneumonic expectoration; hurried breathing, with crepitation and bronchial respiration over the posterior base of the left lung. The conjunctivæ were a little yellow.

1. *The Course of the Pyrexia.*—Owing

to the care of Mr. Ringer and Mr. Miller, thermometrical observations in the axilla were taken hourly during the day, from nine in the morning till eleven and twelve at night. The annexed table gives the general results. I have placed the pulse and respirations with the temperature, for the purpose of comparison.

During the third and fourth days of the disease the temperature was uniformly high, the difference between the maximum and minimum being only 1.6° on the third, and 0 6° on the fourth day. The fourth day was the most febrile, both as to mean temperature and as to constancy of height. The fifth day was scarcely less febrile. The mean temperature was 0.2 below the fourth day, but the minimum was above the minimum of the fourth day. Towards the end of the fifth day, however, and during the commencement of the sixth day (from 4 to 12 P. M., January 9), the thermometer decidedly slightly fell; then during the night of January 9 (early part of the sixth day of the disease) it made a great descent to 101°, and after this time never rose above 101.4°. During the whole of the after part of the sixth day, and the first part of the seventh, the temperature continued to fall, and at 11 A. M. on January 11 (the nineteenth hour of the seventh day of the disease) it reached 98°. In thirty-six hours it had fallen from 103 2 to 98, or no less than five degrees. Afterwards it oscillated for two days between 98° and 98.8°, but never rose above this latter point. The fever in fact had ended. This sudden end of pyrexia, this rapid "defervescence"—to use Wunderlich's useful phrase—is what the old physicians termed "the end by crisis," and it is sometimes accompanied by strong action of some eliminating organ—either the skin, the kidneys, or the bowels. In our case there was both profuse sweating and considerable urinary excretion, but whether more at the period of rapid fall than before is uncertain. The pulse ranged from 120 to 100 during the first three days, and then fell to 90, 80, and 70. On comparing carefully the hourly variations of the pulse and temperature, it is quite clear that there is a connection between them, so that either simultaneously, or often a little before or after, a fall or rise in the thermometer occurred with a fall or rise in the number of the pulse. Not infrequently the alteration in the pulse occurred before the change in the thermometer. Still, there are several exceptions, and sometimes the pulse rose (though never greatly) when the temperature was falling. From an analysis of cases of typhoid fever, I have been led to believe that no relation exists between the numbers of the pulse and the heat of the body, but certainly in this instance the facts seem to indicate otherwise. When the thermometer oscillated and finally fell, the pulse fell at the same time and very uniformly. The respirations averaged 38 in the first four days, and 35 afterwards. They did not fall nearly so much as the temperature and the pulse, and in this case at least were not

Table of the Temperature, Pulse, and Respirations.

From Hourly Observations during the Day. Mean number of Daily Observations, 14.

Date.	Day of Disease. The disease commenced at 4 P. M.	Temperature in Axilla. Hourly observations during the day.					Pulse. Hourly observations during the day.					Respirations hourly observed. Mean number.
		Mean.	Max.	Min.	Hours of max.	Hours of min.	Mean.	Max.	Min.	Hours of max.	Hours of min.	
Jan. 7	Part of 3d and part of 4th days	103.6° F.	104.2° F.	102.6° F.	7 P. M.	9 A. M.	108	120	100	1 A. M.	2, 5, 10, and 11 P. M.	36
" 8	Part of 4th and 5th d'ys	103.9	104.2	103.6	5, 7, and 8 P. M.	11 A. M.	107	116	98	7 P. M.	11 A M.	36
" 9	Part of 5th and 6th d'ys	103.4	104.2	103.0	1 P. M.	8 and 10 P. M.	106	112	100	4 and 6 P. M.	10 and 12 P. M.	43
" 10	Part of 6th and 7th d'ys	100.6	101.4	99.4	9 A. M., 1 P. M.	11 P. M.	93	112	82	5 P. M.	10 P. M.	38
" 11	Part of 7th and 8th d'ys	98.6	99.0	98.0	3, 5, and 6 P. M.	11 A. M.	86	84	72	2 P. M.	4 P. M.	30
" 12	Part of 8th and 9th d'ys	98.5	98.8	98.4	1 P. M.	10 A.M., 2 and 4 P. M.	76	84	70	1 P. M.	9 A. M	31

nearly so good an indication of the course of the pyrexia. As the mean of the thermometer was not above 104, as the mean of the pulse was not 120, and the mean of the respiration was not 40, this case must be considered a slight one, for the rule laid down by Wunderlich is very useful—viz., to judge of the intensity of the disease by these symptoms, to call all cases slight that fall below them, and all severe in which the thermometer averages more than 104° during the height of the disease, the pulse more than 120, and the respiration more than 40.

2. *The Local Symptoms.*—When the patient was admitted there was considerable crepitation, and some bronchial respiration in the lower lobe of the left lung. The hepatization increased, and was considerable on the fifth and sixth days. Possibly it even increased after this time, but of this I am not certain. At any rate, its greatest amount was either at the period of the "defervescence"—that is, of the rapid fall in temperature—or was subsequent to this. The number of respirations, as already said, was even greater after the temperature and pulse had commenced to fall than before, so that they appeared to run parallel rather with the amount of the hepatization than with the general fever. The sputa were most bloody during the third and fourth days of the disease; were less florid, and more rusty, on the fifth and sixth; then became less viscid and free from blood or hæmatine. The pain in the side disappeared on the fourth or fifth day. After the seventh or eighth day the bronchial respiration began to lessen, and had ceased by about the twelfth to the sixteenth day. On this point I am not quite sure. Harsh respiration, some redux crepitation, and a little sonorous *râle*, were left for some days more.

3. *The Condition of other Organs.*—The heart has already been noticed. There was supplementary breathing in the right lung, and about the angle of the right scapula was some slight suspicious bronchial respiration, as if there were some consolidation there. This, however, disappeared early. The liver was not enlarged or tender, but the conjunctivæ were very slightly yellow. This yellowness disappeared at convalescence. The condition of the spleen and pancreas

TABLE.[1]

Date.	Day of disease.	Condition of patient.	Amount of urine in cubic cents. in 24 hours.	Urine in grammes in 24 hours.	Chloride of sodium in 24 hours, in grammes.	1 kilogramme of body weight excreted in 24 hours, of urea in grammes.
Jan. 10	Part of 6th and 7th d'ys	1st day of defervescence, temp. 100.6° F.	980	85.56 (=1321 grs.)	....	1.345
" 11	Part of 7th and 8th	Temp. 98 6° F.; complete defervescence	..	....	....	....
" 12	Part of 8th and 9th	Complete defervescence; absorption of exudation	865	87.38[2] (=1349 grs.)	....	1.373
" 13	Part of 9th and 10th	Do. do.	865	87.38 (=1349 grs.)	....	1.373
" 14	Part of 10th and 11th	Do. do.	..	....	Some am't unknown; 0.040 grm. in 10 c. c.	....
" 17	Part of 13th and 14th	Complete convalescence; exudation gone.	1300	35.10 (=542 grs.)	5.20 (=80 grs.)	0.551
" 24	Part of 20th and 21st	Do. do.	1287	30.20 (=466 grs.)	17.18 (=265 grs.)	0.474
" 25	Part of 21st and 22d	Do. do.	1760	44.00 (=679 grs.)	21.95 (=339 grs.)	0.691
" 27	Part of 23d and 24th	Do. do.	1910	40.10 (=619 grs.)	14.32 (=221 grs.)	0.630
Mean excretion of urea by 1 kilogramme of body weight on the 7th, 9th, and 10th days, during resolution						1.363
Do. do. during the 14th, 21st, 22d, and 24th days; complete convalescence						0.586
Mean physiological excretion in men aged 22						0.500

[1] The urea and chloride of sodium were determined according to the method of Liebig, by my excellent clinical clerk, Mr. Smith. The chloride of sodium was not got rid of before testing for urea, but the usual correction was made. The amounts are given both in grammes and grains.

[2] The urine of two days added together, and the total halved.

was unknown. There was thirst, loss of appetite, and dry furred tongue. The action of the eliminating organs was as follows: *a*. The skin acted profusely throughout, both before and at the period of defervescence. *b*. The bowels were rather confined; the motions said to be natural. *c*. The amount of excretion from the lungs was undetermined. *d*. The excretion from the kidneys was not determined till January 9—viz, part of the fifth and sixth days of the disease; the last day of the intense pyrexia. On this day there was a little albumen (one-sixth of the height of the urine in a test-tube). There were no chlorides. On the following day the albumen had disappeared.

The other urinary ingredients were not determined, but there were copious deposits of lithates on January 9, 10, 11, 12, 13; and probably after this date, but no note was made.

On January 11 eight grammes of chloride of sodium were given by the mouth. On the 12th and 13th, as on previous days, there was no chlorine in the urine; on the 14th (eleventh day of disease) the chlorine began to reappear, was in some quantity on the 17th (fourteenth day of disease), and was abundant (seventeen and twenty-two grammes) on the twenty-first and twenty-second days of disease.

We have no means of saying what was the amount of ureal excretion in the early days of the pyrexia. The urine was then albuminous, and the kidney-tubes may have been blocked, so that the enormous amount of urea poured out during defervescence may have been partly caused by previous retention, as well as by the remains of the pyrexia and the metamorphosis of the absorbed exudation.

From the observations of several competent persons it seems clear that usually the urea is greater in amount before than after resolution. If so, the urea at that time probably depends more upon heightened metamorphosis in the body generally than upon the chemical changes in the lungs.

The chloride of sodium was completely absent for a long time. This fact, noticed especially by Redenbacher and Beale, seems in pneumonia to be intimately, though not solely, connected with the exudation which is rich in chlorides. Even when the chloride of sodium was given as an experiment it did not pass off rapidly, as in health, but was retained for more than forty-eight hours. The albumen was absent at and after defervescence. The albuminuria, therefore, accompanied the height of the disease, and not the period of resolution.

The uratea were throughout abundant. We did not determine the exact amount of uric acid, but we may conclude, from the almost constant condition of this ingredient in other cases, that it was in large excess.

Now, in considering these facts, the only point which time will allow me to discuss here is this: What causes this spontaneous cure—this determinate duration?

First of all, let us follow this question by another: What is the exact connection between the lung symptoms and the general pyrexia? The course of the two is certainly not exactly parallel. The complete consolidation seems to be posterior, in point of time, to the height of the pyrexia. It has even been supposed by Wunderlich that the exudation into the lungs coincides with the end of the pyrexia—that is to say, that the defervescence commences when the lungs become completely hepatized. I have not been able to satisfy myself rigorously on this point. If it could be satisfactorily made out, it would certainly imply that the exudation into the air-cells relieved or cured the fever; in other words, that the lung-disease is not a primary, but a secondary, condition, and that it succeeds to and brings to an end, by purifying the blood, a condition of general pyrexia, arising from blood-disease. Without believing that this relation is quite determined (if it were determined the case would be settled), there is no doubt that the fever ends spontaneously, or very greatly lessens, at the time when the inflammation of the lung is still very great.

There are at present two views, more or less clearly defined, which aim at explaining these phenomena, and which may be thus expressed:—

1. According to the first of these, there is a blood-disease of some sort, of a nature not thoroughly known, but which consists in part in an augmentation of the fibrin, as in acute rheumatism. Increasing up to a certain point, and giving rise to the slight malaise which precedes all cases of pneumonia, it is at last brought to a head by some exposure, by a dietetic error, or by reaching a point at which the functions of the blood are seriously interfered with. Then ensues high general fever from implication of the nervous

system, and at the same time some organ or other is, on account of special affinity for the morbid blood, or from previous damage to its structure, specially irritated. In pneumonia the lung is the seat of election, and there is rapid hyperæmia and transudation of fluid into the air-cells. By this transudation the morbid blood is purified. The process is analogous to that of gout, in which a diseased blood gives rise to a local disease by the deposition of urate of soda in and about joints. When the localization and consequent purification is finished, then the fever ends. There remains the lung-exudation, which gradually softens down, is partly expectorated, partly absorbed, and, in the process of absorption, may produce again secondary contamination of the blood, and certain affections of other organs, which constitute those secondary affections which sometimes complicate the after course of pneumonia.

The weak points in this hypothesis are the want of definite indication of the blood-disease, and of its mode of production. There is some evidence on these points, but it is certainly not very great.

Its strong points are the explanation it gives of the previous malaise, of the sudden outburst of fever when the diseased blood implicates at last the nervous system, of the singular and rapid termination of the pyrexia at a time when the lung-disease is intense, and of the enormous elimination of urea during the very first days before the lung-exudation has softened down.

2. The second hypothesis is the exact contrary of the former. The lung-affection is supposed to be the primary lesion; it is a local inflammation produced by the (still obscure) causes of local inflammation, running the ordinary course of such inflammations, and giving rise to violent symptomatic pyrexia. The undoubted increase of fibrin in the blood is supposed to be not primary, but secondary, to be caused by and to augment with the inflammation, and to be at its height with it. Virchow has stated that this fibrin is nothing more than the albuminous substance absorbed by the lymphatics of the inflamed and hepatized lung, and poured into the blood. The fever is believed to be entirely symptomatic of the local disease, and to be commensurate with its intensity and extent. The arguments for this view seem to be that the lung-symptoms are remarkably early in manifestation, though they may be very intense. Pain in the side, and cough, are very soon present, and sometimes occur even before the shivering and headache. The pyrexia, although great in the early days, is perhaps not greater than might have been produced by the condition of the lung; and as to the termination of the fever, this may be supposed to occur because the really true febrile stage of pneumonia is not the period of complete exudation, but the preceding period of intense hyperæmia. To say that the pyrexia is gone when the lung-disease is most intense may be an incorrect expression of the fact; the consolidation may possibly, indeed, be most intense, but this may be merely the natural termination of that enormous hyperæmia and blockage of vessels from local changes of nutrition, which is in reality the essential disease.

The difference between these two hypotheses would be this: the fever ends spontaneously, first, because the blood is purified, or secondly, because the local disease ends spontaneously—*i.e.* the active febrile making local disease. This last assumption, however, is decidedly a very bold and hazardous one.

Between these two views it is not very easy, nor perhaps is it desirable yet, to choose, for the blood has not yet been sufficiently examined. The only blood-disease which has yet been indicated by the supporters of the first view, as anterior to pneumonia, is hyperinosis (excess of fibrin); and as hyperinosis occurs in acute rheumatism without pneumonia, it is evident that there must be other cause, either in the blood or in the local structure of the lung, which locates the disease in that part.

That hyperinosis is really anterior in pneumonia as in rheumatism must, in spite of the opinion of Virchow,[1] be considered likely from the experiments, among others, of Professor Naumann, of Bonn,[2] that it is not the only condition in either of these cases will be generally admitted. But what other blood-affection is there? None has yet been indicated, to my knowledge, in the

[1] I do not intend to deny that the lymphatics and bloodvessels, too, take up from an inflamed lung, as from any inflamed part, albuminoid substances which flow into the blood, but merely that this is not sufficient to explain all the facts at present known about hyperinosis.

[2] Ergebnisse und Studien aus der Med. Klinik zu Bonn, von Dr. M. E. Naumann. Leipzig, 1858, p. 59 et seq. I refer only to Naumann's experiments, and not to his singular views on the production of hyperinosis.

acute sthenic pneumonia of young persons without gouty or renal disease. But there is one point on which I have been trying to collect evidence for some years, but at present without sufficient success. It is well known how frequently the liver is affected in pneumonia, so that some amount of jaundice is not at all uncommon, and sometimes bile-pigment appears in the pneumonic sputa. I have also found in some cases evidence of liver-affection for some time before the lung-disease, especially the so-called torpor with deficient biliary flow.

Is there, then, any condition of the liver which adds something to the blood which ought not to be there? Taurin has been found in the healthy tissue of the lung, but in the hepatized lung it seems, from Verdeil's observations on his pneumic acid (taurin), to be in excess. Is it some compound of this sort which, in combination with the hyperinosis, determines the localization of the blood disease, or produces by its irritation the inflammation of the lung? I know no facts whatever which can lead to a decision; but it is to be hoped that some competent person will soon undertake a more complete analysis of blood in the very first days of pneumonia than has yet been made.

But whatever be the facts as to the order of things in pneumonia—whether the lung-affection is a mere localization of the blood-disease, or whether the undoubted blood-disease of the developed stage is merely produced by absorption from the inflamed lung—it is certain that the usual course of pneumonia is such as we witnessed in this untreated case—viz: 1. There is an early period of intense fever, ceasing, if no complication be present, of itself, at a tolerably determinate time; 2. There is a later period of lung-hepatization, which softens down during a period of moderate fever, and is expectorated or absorbed. There are therefore two periods in pneumonia, and both have their dangers. The intense early fever may kill by its intensity; the exudation may kill, subsequently, by apnœa, or may contaminate the blood during softening to such an extent as to lead to renewal or increase of the fever and inflammation of other parts; or to coagulation of the blood in the heart or great vessels. Each period has its own dangers, and must have its own treatment. To this point I hope to direct your attention on another occasion.—*Med. Times and Gaz.*, Feb. 25, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Davenport and Rock Island Pathological Society.—The Davenport and Rock Island Pathological Society met in the council chamber, Davenport, on Tuesday, the 28th of Feb'y. Present: Doctors Gregg, Fountain, Witherwax, Maxwell, Tomson, Baker, Parry, Adler, Saunders, and Plummer.

Minutes of last meeting having been read and approved, Dr. PLUMMER presented the name of Mr. CHAS. E. CLACIUS for honorary membership, it being desirable to hold him in this relation in the Society on account of his qualifications as an analytical chemist. Mr. C. was unanimously elected.

Dr. FOUNTAIN presented to the Society a fine specimen of fatty degeneration of the placenta with the following brief history of the case:—

"Mrs. M. was attended by Dr. Adler and myself in premature confinement on the 1st of July, 1858. The placenta was adherent, and was removed with great difficulty. So firmly did it adhere, that it had to be torn away bit by bit in small fragments.

"December 5th, 1859, I was again called upon to attend her at full term. The fœtus was dead, atrophied, and putrid. The placenta which I here exhibit, I found to be a mass of fatty deposit, and is a remarkable and rare case of *fatty placenta*. Evidently the fatty deposit was so great as to eventually arrest the placental circulation, and result in death to the fœtus."

Jones and Sieveking's remarks on fatty placenta were read by Dr. Fountain, and the question asked, If the placental inflammation which in the former case produced such remarkably firm adhesions, had not probably left the walls of the uterus in a morbid condition, which subsequently gave rise to the peculiarities in this specimen?

Doctor GREGG reported a case of *vesico-vaginal* fistula recently operated upon by himself and Dr. Adler. By diagrams he had prepared for the purpose, he explained to the Society the condition of the parts when first seen by him, and the different stages of treatment.

As a full history of the case will be published, I will only anticipate it by saying that the fistula (or, more correctly, fissure) commenced at the attachment of the vagina to the cervix uteri, and extended down to

within an inch of the meatus urinarius, making an opening through the walls of the vagina and bladder of about four inches in length. The divided edges of both vagina and bladder had sloughed, the former to such an extent as to leave but little more than half its original surface to perfect an operation upon. As the Doctor remarked, "it was a *forlorn hope*," but after some deliberation they determined to try. The result is perfect union, except one small opening, so high that the patient is able to retain the urine for two hours without inconvenience, and this they will remedy by another operation. All the circumstances taken in connection with this case, and it is one of the most important and successful operations on record.

Dr. Tomson presented a specimen of extensive ulceration of the entire intestinal canal, the history of which was such as to elicit general discussion.

The writer presented a specimen of ossification of the semilunar valves of the aorta, in which the process of ossific deposit had completely changed the form of the valves, and left only a central opening of about one-third of an inch in diameter, and this opening could only close partially during the expansion of the ventricles. The patient, a woman aged 28 years, was married, had lived with her husband about eight years, had not borne children, and seemed to enjoy good health, excepting occasionally a slight lancinating "pain in the heart." She had spent the afternoon with a relative, eat her supper with a relish, walked to her home, a distance of about one and a half miles, and while in the act of taking off her bonnet and shawl, fell upon the floor and never breathed again.

The question of interest in connection with this case is, How could she enjoy health and strength up to the moment of her death when such a disease existed?

Numerous other specimens were presented, some of them rare, and all fine; but I have already covered more paper with this report than I had intended, and will close by saying we find this society of great value to us. It stimulates its members to research, we have the advantage of interchange of views, important specimens in morbid anatomy are brought to the notice of all the members, and preserved so as to be accessible at all times to them. We receive into membership only such physicians as are in good standing in the county medical societies, but receive into honorary membership gentlemen entitled to such a position by their attainments in literature and the sciences.

SAM'L C. PLUMMER, M. D.,
Secretary.

Rock Island, March 1, 1860.

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Presentation of the Portrait of Prof. G. B. Wood to the Wistar and Horner Museum—On the 15th of March last, just before the annual commencement of the Medical Department of the University of Pennsylvania, the graduates, professors, trustees, &c., assembled at the University building, when the very interesting ceremony took place, of presenting by the class, to the Board of Trustees, a portrait of Geo. B. Wood, M. D., Prof. of Medicine and Clinical Medicine, to be placed in the Wistar and Horner Museum.

The presentation was made by Dr. J. Campbell Shorb, on behalf of the class, in a very neat address in which he expressed the regret of the class at the proposed retirement of Dr. Wood from the chair he had so long and so well filled. The portrait was received by Dr. La Roche on behalf of the trustees, who replied to Dr. S. in some appropriate remarks, and the ceremony was concluded with a few feeling expressions by Dr. Wood of his gratitude for the compliment paid him, and for the kind remarks relative to himself made by the previous speakers.

Dr. Wood well deserved this tribute of respect, having laboured hard, whilst the occupant of his chair, for the instruction of the class, and fulfilled all his duties with consummate ability, faithfulness and assiduity. He leaves to his successor an example which he may endeavour to imitate, but which he cannot hope to excel.

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Medical Classes, Session 1859-60.—

University of Pennsylvania	515
Jefferson Medical College	630
College of Physicians and Surgeons, N. Y.	195
Massachusetts Medical College	196
Medical College of South Carolina	248
University of the city of New York	411
New York Medical College	75
Buffalo Medical College	70
University of Nashville	401
Ohio Medical College	123

Atlanta Medical College	166
University of Louisville, Ky.	130
Oglethorpe Medical College	60

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Medical Graduates in 1860.—

University of Pennsylvania	173
Jefferson Medical College, Philad. . .	170
Pennsylvania Medical College, do. . .	38
College of Physicians and Surg., N. Y.	55
Medical Department of Yale College .	13
Atlanta Medical College	50
University of the city of New York .	138
University of Nashville	101
New York Medical College	20
Rush Medical College	36
Med. Dep. University of Louisville .	38
Kentucky School of Medicine . . .	37

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Army Medical Department.—A medical board, consisting of Surgeons C. A Finley, Chas. McDougall, and John M. Cuyler, and Ass. Surgeon J. F. Hammond, Recorder, will assemble in the city of New York on the first day of May next, for the examination of assistant-surgeons for promotion, and of such candidates for appointment to the medical staff of the army as may be invited to present themselves to the board.

Applications must be addressed to the Secretary of War.

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Clifton Hall.—We take great pleasure in calling attention to this private Hospital for the Insane, established by Dr. R. A. Given, a gentleman well known to the profession in Philadelphia, as fully competent to the charge of such an institution, he having had considerable experience in the treatment of mental diseases.

This institution is designed to accommodate fifty patients, twenty-five of each sex. Provision has also been made for cases of mania potu. For this form of the disease special arrangements exist, and, after recovery, those who may wish to remain for a time in the hope of overcoming their unfortunate propensity are at liberty to do so, provided they VOLUNTARILY submit to the established rules of the institution.

The grounds, twenty-five acres in extent, five of which are woodland, and abundantly supplied with excellent water, are situated in Clifton, Delaware County, Pennsylvania, about seven miles west of Philadelphia. Eminently healthy and rich in beautiful building sites, as Delaware County is known to be, the location of Clifton Hall stands unsurpassed, while the facility of access, both by turnpike and railroad, places it within an hour's drive of Philadelphia, thus giving to its inmates all the benefits of a strictly rural residence, while it places within their reach the advantages to be derived from occasional visits to a populous city.

Dr. Charles Evans, for many years the physician to the Frankford Asylum, has consented to act as consulting physician, and, when so desired by their friends, the patients may still retain the professional services of their ordinary medical adviser. As a guarantee for the careful and judicious administration of the hospital, a highly respectable and competent board of supervision has been appointed.

All necessary arrangements for the admission of patients can be made with the superintendent at the institution. Information respecting terms of admission, &c., can be obtained either of the superintendent, whose address is *Clifton Hall, near Philadelphia*, or, of Mr. Samuel C. Sheppard, druggist, No. 209 South Ninth Street, Philadelphia.

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Registration of Births, Marriages, and Deaths.—The bill for the registration of births, marriages, and deaths in the city of Philadelphia, we are pleased to announce, has now become a law, having passed both branches of the legislature, and been signed by the governor. It is to go into effect on the 1st of July next. This bill was prepared by a joint committee of the College of Physicians of Philadelphia, and Philadelphia County Medical Society, received the approval of both societies, and recommended by them to the favourable consideration of the Legislature. The provisions of this act are fewer and less complicated than in that formerly passed and afterwards repealed, but is sufficient for all sanitary and for most important purposes.

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The San Francisco Medical Press.—A quarterly journal, under this title, edited by E. S. C Oper, M D., Prof. of Anatomy in the medical department of the University of the Pacific, was issued in January last. The objects of the journal, as set forth in the salutatory, are laudable, and the first number is a highly creditable one, and gives promise of further usefulness.

Louisville Medical Journal.—This is the title of a new monthly medical journal edited by Thos. W. Colescott, M. D, the first number of which appeared in February last. Dr. Colescott brings to his task the advantage of some experience.

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Consolidation.—The *New York Monthly Review* and *Buffalo Medical Journal* has been consolidated with the *American Medical Monthly.*

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Worcester's Dictionary of the English Language.—This dictionary has been for some weeks on our table, and we have taken frequent opportunities to consult it, and have always found the information sought. It is, we believe, the fullest, most satisfactory, and clearest in its definitions of any of our English dictionaries; and, besides, is wider in its scope, embracing technical terms relating to theology, law, medicine, military and naval affairs, architecture, astronomy, botany, entomology, geology, ichthyology, mathematics, &c. &c. &c.

It contains about 104,000 words, all which are carefully defined, the authorities for most of them given, with citations to exemplify and illustrate their use and meaning.

FOREIGN INTELLIGENCE.

Death from Chloroform at Lisbon.—M Barbosa relates, in the *Lisbon Gazette*, a case in which chloroform was administered for the purpose of removing two small cysts from the upper eyelid. The inhalation was proceeded with slowly, and at the period of death about two drachms of the chloroform had been used, small portions being poured upon a napkin and brought to within about an inch of the patient's mouth. The horizontal position was observed. The lungs were found congested and ecchymosed, the large veins were filled with blood, and the right ventricle of the heart contained coagula, the other cavities being empty.—*Med. Times and Gaz.*, Feb. 25, 1860.

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A Characteristic Sign of Typhoid Fever.—M. Sapolini describes a characteristic sign of typhoid fever, even when arriving at convalescence. It consists in a peculiar pulsation of the carotids. A large arterial wave occurs first in the artery, rapidly followed by a second less voluminous, then by a third, which is succeeded by a moment of pause. This inequality, and the sensation of interrupted *frémissement* under the fingers, are very constant and easy to verify, according to M. Sapolini.—*Lancet*, March 3, 1860.

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Acupressure.—In an editorial in the *Medical Times and Gazette* (Feb. 25, 1860) it is stated that this method of arresting hemorrhage is fast coming into use among surgeons. "In Mr. Adams's case, which we noticed last week, the superiority of the needle over the ligature has been made most apparent. The needle was removed forty-eight hours after the operation, and there was not a sign of bleeding or suppuration; while the ligature has remained, as usual, acting as a seton during the sloughing process it sets up. It should be observed that no part of the needle was left exposed on the raw surface of the wound; it was introduced half an inch above the cut point. This is a great advantage in amputation; for the cut surfaces can be brought into apposition, free at every point from the contact of any foreign body. Our provincial hospital surgeons are taking up the method in a most creditable manner. At Dundee, Carlisle, Greenock, and Liverpool it has been applied with great success; and now that Mr. Adams has led the way in the metropolis, at a small hospital, his example will be followed sooner or later in the larger establishments where the surgery partakes more of the character of stereotype. Mr. Bickersteth, of Liverpool, writes most warmly as to the facility of acupressure and its probable great results."

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Turpentine in Hæmoptysis, by Mr. Pollard.—In the *Lancet* of the 14th inst., I find the oil of turpentine recommended as a styptic in hemorrhage from the lungs, and I have within the last fortnight had a case in which, after trying various well-known remedies without success, I was recommended by my friend, Dr. Radclyffe Hall, to give the oil of turpentine, which I did, and with the best results.

When I first saw my patient, he had just expectorated about twenty ounces of florid blood, his pulse was firm and good, bowels constipated, and his extremities were cold. I ordered him compound colocynth pill, six grains; calomel, four grains, in two pills,

immediately; and a mixture, with sulphate of magnesia, four drachms; dilute sulphuric acid, two drachms; compound infusion of roses, one ounce every four hours. The next morning his bowels had been well relieved; but he had vomited twice about the same quantity of blood each time as on the previous day. I then ordered him acetate of lead, two grains and a half; dilute acetic acid, half a drachm; tincture of opium, five minims; distilled water, one ounce, to be taken every three hours; a blister to the chest, and gave him ice to suck, with a low diet. On my next visit, I found he had expectorated three times in the twenty-four hours, and had had a restless night, with considerable difficulty of breathing. I increased the lead to three grains the dose, which likewise had no effect. I then gave the patient ten grains of gallic acid every three hours, which also failed, with beef-tea and bread and milk, as his pulse was getting low. On the fifth day after the attack commenced, I ordered him twenty-five minims of the spirit of turpentine, in an ounce of water, every two hours, which diminished the quantity of blood considerably; but, after taking six doses, it produced vomiting. The sulphuric acid mixture was substituted for it; but the next day I again gave the turpentine, as the bleeding came on in the night as freely as ever. From that time the symptoms took a favourable turn, and the man is now restored to health.

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Successful Treatment of Vesico-vaginal Fistula.—Nine cases of vesico-vaginal fistula have been operated on in the Glasgow Infirmary during the last year, by Bozeman's method; and three others in private practice there. Of the twelve cases recorded, ten were completely cured by one operation, and two were unsuccessful. One of these two cases failed after repeated attempts; the other was complicated by profuse hemorrhage from the bladder.—*Lancet*, March 3, 1860.

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Perchloride of Iron as a Deodorizer.—The Metropolitan Board of Works have advertised for tenders for the supply of perchloride of iron for deodorizing purposes during the summer season, at the rate of 5000 gallons per diem, or, if necessary, double that quantity. It will be remembered that this deodorizer was recommended to the Board by their chemical referees, Drs. Hoffmann and Frankland, in the report on a long list of deodorizing agents submitted to examination. It will also be recollected that they reported in favour of the perchloride of iron recommended to their notice by Mr. Ellerman.—*Lancet*, March 3, 1860.

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Adulteration of Santonine.—A young girl died lately in Brazil after taking six grains of santonine, in two equal doses, at two hours' interval. The Pharmaceutical Society had the santonine examined by two of its members, and it was found to contain twenty per cent. of *strychnine.*—*Ibid.*

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Echinococci.—These have been found, M. Legrand says, "in the following organs: in the brain; in the lungs; in the liver; in the spleen; between the layers of the omentum; in the eye, between the crystalline lens and the choroid; in the urine and in the kidneys; in the subclavicular cellular tissue; between the two layers of the aponeurisms of the external oblique; and in the muscular tissue of the trapezius, and between the temporal muscle and the occipito-frontalis fascia."—*Med. Times and Gaz.*, Feb. 25.

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Deodorized Cod-liver Oil.—Under this name a preparation is in course of extensive trial in the French hospitals, which consists in cod-liver oil which has been deprived of its repulsive smell by means of a process devised by two pharmaciens, MM. Autier and Chevrier, and the success of which is due to an organic principle derived from tar. Chemical examination and clinical trials have pronounced this oil as equally efficacious as any other, while the most fastidious can take it even in large quantities. —*Med. Times and Gaz.*, Feb. 11, 1860.

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Medicine, its Deriders and Sects.—The substance of the following interesting notice on the vicissitudes and progress of medicine is derived from the *Revue des Deux Mondes.*

Antiquity has had its critics—either bitter and brutal, or satirical and polished. Heraclites hated physicians; he was wont to say that they would be the most silly of men if grammarians were not there to dispute the position with them. But this morose philosopher had his own system of medicine, and a peculiar practice founded upon his theories of Nature. He made

such good use of it, indeed, that he at last died through it. Empedocles—jealous of the physician Acron, illustrious by his writings and experience—gave himself out as a messenger from heaven, charged with the mission of exterminating diseases and other destructive scourges; he journeyed from town to town, carried in a splendid chariot, clothed in magnificent garments, and received adorations and sacrifices like a god. We know how he died, victim of his vanity, or scientific curiosity. Plato, again, did not spare the doctors; he mocked with pleasure at their incapacity; but he, nevertheless, had a system of his own, which he had picked up from every quarter, as was his habit. From this we may conclude, that from the earliest days there has been a rivalry between doctors and philosophers, and that the last were jealous of the first.

The Greeks confined themselves to epigrams; but it was otherwise with the Romans. Physicians came at a late date into Rome, and had a difficulty in keeping their ground there. The elder Cato hated them, and prevented his son consulting them. And yet the rude censor practised medicine in his own fashion; he possessed infallible secrets and efficacious panaceas. His method was simple enough, and, absolute master of his house, he treated man and beast alike. Pliny gives us these details, and Pliny, we know, was not favorable to doctors. In Martial's epigrams, to say nothing of other Latin poets, the doctors are ill-treated enough, and, we must admit, not without justice. The profession was in the hands of slaves, and degraded by venal souls, easy instruments and too often accomplices of corruption, debauchery, immorality and crime. Decay had then invaded everything.

Next came the barbarians and universal confusion, and we lose sight of medicine during the first centuries of the middle ages. To the Arabs we are indebted for a sort of *Renaissance;* but it was in the first universities that the practice of medicine took the direction and the proper character which it bears still to this day. Now appeared the true physician, and by his side an adversary far more formidable than his opponent of antiquity.

Before the middle age, the art of medicine was decaying fast; and as it passed through this long period it still continued in decay. The traditions of the Greeks were gradually lost; the exercise of the art fell into the hands of monks and clergy, for the most part very ignorant, and hence, superstitious practices and absurd proceedings—the supernatural and marvellous being put in the place of experience and good sense. It was a time of miracles and prodigies—the sorcerers rivalling the saints; and while the plague and the lepra committed ravages among the people, the resources of medicine were useless to arrest the scourges. The Jews at this time were hated and persecuted, but yet they were run after for their medical knowledge, and for the drugs obtained by them from the east through traffic with the Arabs.

The *Renaissance* awakened a spirit of inquiry. The records of antiquity, once again opened, were discoveries as of a new world. And then began the general strife against orthodoxy. Heretics and Protestants were to be found elsewhere besides in the church. Aristotle and Galen were treated like the Pope, and so commenced the long quarrel between ancients and moderns.

This struggle, also, medicine has passed through; but it gained an infinite number of enemies, and chiefly the charlatans. At an early hour these industrious gentry seized upon medicine, which offered so vast a field for the exercise of their ingenuity. From Montaigne down to Rousseau—not to mount higher or go down later—we find a concert of invectives against medicine, the noise of them being still audible, though weak. Infinite variations were played continually on the same strain. It has taken three centuries to reduce the pretensions of physicians to their true proportions. Chemistry, which appeared at the first dawn of the *Renaissance*, explained all the phenomena of the animal economy by the principles of a gross chemistry—seeing there nothing but fermentation, distillation, and effervescence of humours at work in the living laboratory. Then later, after the discoveries of Galileo and Newton, mechanics, with its levers and instruments, explained the forces; and, after Harvey, hydraulics. Thus arose the sub-sects—iatro-chemists, iatro-mechanicians, and iatro-mathematicians. These were materialists, and soon found their opponents, the spiritualists. Truth was with neither sect, but the spiritualists have rendered most service to medicine. Stahl produced Barthez and Bordeu,

and Bordeu produced Bichat. Still, even at this present day—but how enfeebled!—the two parties are face to face. Gradually they are disappearing, leaving in history the remembrance of their long and ardent struggles, prolonged for three centuries and a half—from the end of the middle ages to the commencement of the French revolution.

Two sects, either through indifference or through calculation, kept clear of the struggle—the empirics and the sceptics. At the head of the empirics was Sydenham. Their business was to watch attentively the origin and progress of phenomena, noting with scrupulous care the effects of remedies and the fruit of observation, leaving aside all useless speculations.

Scepticism glided into medicine, thanks to the demi savans. The title of sceptic belongs to those narrowed and pretentious souls, who, contented with a superficial view, seize only the surface of things, losing sight of the links which unite them, and boldly denying the existence of whatever escapes them, affirming in this absolute negative their incapacity and deficiency. Lower still in the scale of systems we find the eclectics—physicians who, following certain metaphysicians, think to find a perfect system in taking what is good out of every system. Their appearance on the stage announces the end of systems. In the scientific as in the social order, end means transition, a new phasis, commencement of a new order. Medicine, which has undergone so many vicissitudes, is thus at present traversing a period of transition; it is in the way of organization, in a provisionary state.—*Med. Times and Gaz.*, Feb. 18, 1860.

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Dr. Churchill, the Consumption Curer.—This gentleman writes a reclamatory letter to the editor of the *Gazette Hebdomadaire*, demanding justice to be done to himself and his hypophosphites. The following is the editor's reply:—

"M. Churchill having ingeniously discovered, as he has been kind enough to tell us before several persons, that our appreciation of the facts he laid before us was wanting in good faith, and had no other object than that of pleasing the faculty, we are surprised rather more than honoured by finding him again asking our opinion. It would be easy enough for us to show that four deaths out of twelve patients, in less than two years, show a result not particularly satisfactory, when we recollect that of the twelve two did not appear to us to be phthisical at all, and that five were apparently affected with tubercle, but only in the first stage, presenting merely correlative symptoms, bronchitis, and pulmonary congestions, and belonging to that class of patients whose life may be prolonged ten, twenty, or thirty years. We may add that the careless way (*peu de rigeur des notes*) in which M. Churchill takes his notes of the stethoscopic signs does not inspire us with perfect confidence in the cures which he announces. But he cannot wish us to make him a second time victim of our partiality and base flattery. All we can do for him, in declining his offer, is to recall to him the offer we made in the conversation above alluded to. 1. To submit fresh patients to the examination of competent physicians. 2. To submit to the test those patients only who are incontestably the subjects of pulmonary consumption."—*Med. Times and Gaz.*, Feb. 25, 1860.

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Medical Service of the Russian Navy.—In consequence of a recent decision of the Emperor of Russia, the principal medical officers of the navy of that country will be sent abroad for two years, during which time they will be required to visit not only the most celebrated hospitals and *cliniques* in Europe, but also foreign ports, especially those of France, England, and the Low Countries, for the purpose of thoroughly studying the hygienic and medical organizations of European fleets, the lodging and diet of men in barracks and on board ship, the influence of climate and locality on disease, the organization of naval hospitals and lazarettos, and other matters of importance. —*British Medical Journal*, Feb. 4, 1860.

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Consequences of Cystitis.—A surgeon afflicted with cystitis, travelling by train from Gloucester, ran to the further end of the platform, and relieved the bladder near a paling, but in sight, it appeared, of one of the last carriages. The husband of a lady in the carriage caused him to be arrested on a charge of indecency; he was acquitted after detention in jail for three days, being remanded through the non-appearance of the prosecutor. He has since brought an action in the Queen's Bench against his

prosecutor for damages for false imprisonment, and obtained a verdict for £100.—*Lancet*, March 3, 1860.

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Medical Students in Paris.—The number of inscriptions taken at the Faculty of Medicine of Paris, at the commencement of the present scholastic year, was 988; namely, 922 for the degree of Doctor of Medicine, 66 for the grade of Officer of Health. Among these are 304 new inscriptions. In 1858, the total number of inscriptions was 1065; the number of new ones, 251. Last year, 34 foreign students were inscribed in the separate register; this year their number is 48.

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Smallpox in Scotland.—The Registrar-General informs us that, during the fourth quarter of 1859, a virulent epidemic of smallpox has prevailed, and is still spreading, over many parts of Scotland, and carrying off numerous victims; and he adds: "Of late years there can be no doubt that epidemics of smallpox have been becoming both more frequent and more virulent. So late as 1856, smallpox appeared as an epidemic in several localities in Scotland, and found so many victims unprotected by vaccination, that, in the town of Dundee alone, the deaths from that disease, during the year, constituted no less than 9.3 per cent. of the mortality; while in some other places nearly a third of the deaths were caused by it."—*Med. Times and Gaz.*, March 10, 1860.

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Illegitimacy in Scotland.—This, it appears, increases gradually as we proceed northwards; and further, the proportion of illegitimate births in the country districts is considerably higher than in the town districts. In the 125 town districts 1166 of the births were illegitimate, while in the country districts they numbered 1195; giving the proportion of only 8 per cent. of the births as illegitimate in the town districts, against 10.3 per cent. in the country districts.—*Med. Times and Gaz.*, March 10, 1860.

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Influence of Carbonic Acid on Cicatrization.—Drs. Demarquay and Laconte have recently ascertained that if a wound or sore be kept for a sufficient length of time in an atmosphere of carbonic acid, it will heal much more rapidly than in common air; oxygen, on the contrary, will retard the process of cicatrization.—*Ibid.*

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Holopathy.—A distinguished physician of Paris, M. Marshal de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy (ὁλος, *entire*; παθος, *disease*). M. Marshal considers that diseases, as they come before the medical practitioner, are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favour their appearance. The lectures are creating some sensation in the French capital.—*Lancet*, March 10.

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Dr. Livingstone.—News has been received of this gentleman and his party down to December 12th, when they were at the mouth of the Kongoue. The party had all suffered from fever, but were completely recovering and in good spirits.—*Ibid.*

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Miss Nightingale.—This lady's health, which has for some time caused much uneasiness to her friends, we regret to learn, from the recent journals, continues to decline.

———

American Medical Literature Abroad.—The unusual activity of the medical press of this country within the past year, is attracting to our literature a much larger share of attention abroad than it formerly commanded. In looking over our recent files of English Journals, we observe that Dr. Simpson (whose lectures we are republishing in this periodical), in a recent clinic on Ovariotomy, alludes to the late work of Professor Gross, of this city, as the "most complete work on Systematic Surgery in the English language." The elaborate treatise on "Therapeutics" by our fellow-townsman, Dr. Stillé, receives a short, but highly complimentary notice in the "London Lancet" of March 10th, and Mr. Parrish's "Practical Pharmacy" is "cordially recommended" by the same periodical, "as admirably suited to the requirements of the practical pharmaceutist." The "Dublin Quarterly," likewise, in a review of Professor Flint's valuable work on the Heart, declares its "most hearty approval of the author's ability, industry, and conscientiousness."

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Inguinal Hernia—Wutzer's Operation for Radical Cure.—H. B., aged 24, was admitted into University College Hospital, under the care of Mr. HENRY THOMPSON, in November, 1859. He had always lived well, and had enjoyed good health. He had noticed, for the first time, five or six years ago, a slight swelling in the left groin, which appeared after lifting a heavy weight, and gradually increased in size; but only six months ago the patient commenced wearing a truss. On November 11, Mr. Thompson had tapped him for hydrocele on the right side. On examination after admission, a tumour with a distinct neck was noticed in the left side of the groin. It was translucent below, and had a very slight impulse only on coughing, and this was arrested by pressure on the external abdominal ring. The spermatic cord could be felt distinctly above the tumour. The swelling was easily reduced on his lying down. On standing up again, and pressure being made at the ring, the scrotum gradually swelled out, but not to its full size, which it regained, however, on removing the pressure. The testicle was always easily to be felt below the tumour.

16*th*. Mr. Thompson to-day performed Wutzer's operation. Chloroform was not given, and very little pain was felt. There was afterwards considerable pain, but it was limited to the point where the pin protruded.

On the 25th the cylinder was withdrawn. The invaginated skin was firmly held in place, being felt under the skin as a hard and rounded mass. He was discharged cured on December 2.

Subsequent History.—Mr. Thompson informs us that within the last few weeks, *i. e.*,

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

about three months after the operation, the hernia has again protruded. The man left the hospital wearing a truss, and was ordered never to make any exertion without having the truss on. Believing himself cured, he at length married, and during the first night his rupture again came suddenly down. The reprotrusion was attended with considerable pain, and of course caused the poor fellow extreme disappointment. He intends, we believe, to submit to a second operation. The result shows the importance of following up these cases after discharge from the hospital.—*Med. Times and Gaz.*, March 17, 1860.

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Cerebral Clot without Paralysis; Bright's Disease and Pneumonia.—It is a matter of everyday clinical experience to encounter cases in the wards of our hospitals in which three or four diseases are struggling for mastery in a single patient. Some one disease will be more prominent than the others, whilst perhaps the latter may be altogether latent or wholly unsuspected; and it is surprising to witness the tenacity of life, notwithstanding the amount and complexity of the varieties of the morbid influences at work.

A patient (Thomas S——), aged forty-one, was admitted into St. Mary's Hospital on the 23d of November, 1859, under the care of Dr. Chambers. He had received some injury to the right temple from the blow of a stick three days before, which was followed by symptoms of concussion; these passed off, and were followed by others, resembling, to a certain extent, those of delirium tremens. The latter were present on his admission; they shortly disappeared, and he remained conscious, but at times excited and uproarious. He had also erysipelas of the face, which passed off under treatment. From the condition of his urine, the third stage of Bright's kidney was diagnosed. After some days, pneumonia of the right side set in; and, finally, he died on the 20th of December, thirty-three days after the receipt of the injury.

We had the opportunity of witnessing the post-mortem examination, made by Dr. Broadbent, the resident medical officer, on the 21st of December, in the presence of Dr. Chambers, when the following appearances were observed: A clot, the size of a large marble, was present in the right hemisphere, near the right anterior cornu, and had become altered in its characters, being partially fibrinous, pale, and evidently undergoing absorption. There was a little fluid in the ventricles, and at the base of the brain. The right lung was distinctly divided into three lobes, the lowest of which was affected with pneumonia. Recent pericarditis existed on the whole of the right side of the heart; the membrane could be peeled off, leaving a highly congested surface beneath. Both kidneys were small and contracted, with very little healthy structure remaining, and in the third stage of Bright's disease; the right was rather extensively invaded by numerous cysts, of variable dimensions. The renal arteries were thickened, as is noticed in old cases of Bright's kidney.

It is remarkable, as was observed by Dr. Chambers, that the man should have lived so long with the amount of disease present within him, and yet he had recovered from the effects of a great part of it. In this single instance, we find a clot in the brain, pneumonia, pericarditis (latent during life), old disease of the kidneys, and erysipelas.—*Lancet*, Jan. 28, 1860.

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Excision of a lost Eyeball, on account of Sympathetic Irritation in its Fellow.—The following case is of interest because we have been able to extend its history over an unusually lengthened period. As most of our readers are aware, the rule of practice of excising lost eyes, when painful, in order to prevent sympathetic injury to the remaining organ, has of late years been extensively adopted. Very valuable, indeed, have been its general results, and many eyes have, we do not hesitate to assert, been saved by it. The patients, however, usually pass from under observation much earlier than could be wished. In the following case a man whose globe had been removed two years ago, came under notice, accidentally, a few days ago. He stated that his remaining eye had been quite free from irritation ever since the operation, although prior to it it had been alarmingly affected. We were able by reference to the excellent records kept by Dr. Bader, the curator to the hospital, to obtain a full account of the former part of his case, which we here adduce:—

W. S., aged 52, was admitted under Mr. Dixon's care in June, 1858. He was a strong man; and, except that he suffered occasionally from colds, was in very good

general health. About five years before he had received an injury by a piece of steel which flew off a chisel, and which he supposed was driven into the eye. For three weeks after the accident he lost the sight in the eye, but after that time it recovered vision, but the sight remained defective. He was afterwards troubled with flashes of light and "black balls" floating before the eye, at first large, but becoming smaller and more numerous. In the intervals between them he could see tolerably well; seven months before his first admission he had one night sudden pains in the eye, and the next morning he found that all sight, even perception of light, was gone. Exteroally the globe appeared normal. About five months after this he received a blow on the right cheek, which was followed by pain and inflammation in the right eye, which continued up to the time of his admission. The left eye was painful and watered a great deal. On admission, the following notes were made of the condition of the eyes:—

"Left eye: weak and watering, and could scarcely see with it. Right eye: no perception of light; tension increased; conjunctival and scleral vessels gorged with blood; cornea transparent; anterior chamber of medium size; aqueous humour yellowish; pupil irregular, large, and fixed; its margin black (uvea); its area of a dirty grayish-yellow, sprinkled with blood-spots."

Mr. Dixon excised this eye (the right) on August 14, 1858. The parts recovered well; the pain ceased; the sight of the left eye became good, and has remained so to this time; equal to all the purpose of his business—an overlooker of machinery—for reading, and, as far as he can tell, quite sound and perfect.

Dr. Bader examined the removed eye very carefully, and observed as follows: Yellowish serum and blood were found in the anterior chambers, the blood-spots consisting of networks of small vessels coming from the pupillary edge. The black margin of the pupil (uvea) was firmly adherent to the lens capsule, which was transparent. It was torn on attempting to detach the adhesions. The lens was gray and opaque. The tension of the eye was increased, and the globe slightly squared by the recti opposing the pressure from within the globe.

The optic nerve appeared healthy; a piece of the sclerotic and choroid taken from behind the insertion of the superior rectus, was examined. These two coats were in apposition. A yellow, transparent fluid escaped from the globe. Suspended in the space bounded by the choroid was a grayish-white opaque, folded and conically-shaped substance (detached retina). The apex of it was attached at the entrance of the optic nerve, and the base along the ciliary processes. The outer surface of the detached retina was sprinkled with whitish dots. The space bounded by the retina was occupied by a few drops of transparent fluid. The transparent membrane which lined the inner surface of the ora serrata, had also become detached and opaque. A grayish-white inflammatory deposit adhered to the ora serrata.

The man was furnished with a glass eye and discharged. He presented himself again a few days ago, for the first time since his discharge (March 5), coming merely for a stye in the right upper eyelid. He stated that he could see quite well with the left eye, that he had had no return of pain, and that the artificial eye occasioned no inconvenience, and that his loss was seldom detected. Dr. Bader examined his left eye with the ophthalmoscope, and, with the exception of some slight central opacity of the cornea, detected nothing abnormal. The optic nerve was rather pink; the vessels thin; the fundus natural.—*Med. Times and Gaz.*, March 10, 1860.

LECTURE.

Lectures on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By Athol Johnson, Esq., Surgeon to the Hospital.

Lecture I.—Introductory Remarks; *Plan proposed; Arrangement of Surgical Affections of Children;* Congenital Malformations; *Atresia Oris; Imperforate Anus; Imperforate Vagina; Hare-Lip; Orthopædic Surgery; Congenital Fractures and Dislocations; Congenital Luxation of the Hip; Encephalocele and Meningocele; Tumours of Scalp, with Absorption of Cranial Bones.*

Gentlemen: It is, I assure you, with much diffidence that I appear before you to deliver this lecture. Trusting, however, that your kindness and forbearance, as well

as the interest and importance of the subject itself, will extenuate some of my deficiencies, I venture to offer to you the following observations on the *Surgery of Childhood*.

It is but a few weeks since, a gentleman at this Hospital asked me what work I could recommend him to read upon this subject; and it was probably to his surprise, as I confess it had originally been to mine, that he learnt that there was really no special book of the kind published. The number of works in various languages devoted to the medical diseases of children is very great, and includes many of the highest excellence; amongst these, I need scarcely refer you to the admirable *Lectures* of Dr. West; but owing, I suppose, to these works having been written almost exclusively by physicians, the surgical affections have received but scanty notice, if any.

After a long search, indeed, I found in Frank's *Delectus* a short Latin treatise by Oehme, *De Morbis recens Natorum Chirurgicis;* but any author who applies to this in the hope of pilfering ideas with impunity, will, I believe, be deservedly disappointed.

The distinction, it is true, between medical and surgical affections, in early life, as at all other ages, cannot be accurately drawn. In many cases which are strictly medical, my assistance is occasionally invoked. In croup, for instance, I have been called on to perform tracheotomy; or for the consequences of pleurisy, to puncture the chest; whilst in all my surgical cases I am ever most glad to avail myself of the ready assistance of my colleagues. Without pretending, however, to logical accuracy, there is practically little difficulty in effecting the separation, in assigning to physicians and to surgeons their respective cases.

The plan which I have sketched out in my own mind is, at present, to offer to you some practical remarks, illustrated with cases, on the surgical affections of children generally, with a hope that, at some future period, I may be able to take up those of the genito-urinary organs, and of the other regions in due succession. But, gentlemen, in the lecture-theatre, as in other theatres, the proposed performances are not always conducted to a successful termination. They require, in fact, the concurrence of the audience, as well as the efforts of the performer; and if it is considered hardly regular, on these boards, to express disapprobation as noisily as elsewhere, it may still be demonstrated more quietly, but as effectually, by your non-attendance.

The surgical affections of children may, I think, be conveniently arranged as follows:—

I. Those Congenital Malformations—using the term in a very broad sense, and including arrests of development—which require the attention of the surgeon.

II. The direct or immediate consequences of Injuries or Accidents.

III. Surgical Diseases proper, which may follow one or other of the previous divisions, or which may arise from other causes.

I.—Congenital Malformations.—These are unquestionably special to infancy; and, in the great majority of cases, any surgical treatment which may be applicable is employed at this period of life. With certain exceptions, the malformations which are met with in grown-up people are those which are beyond the reach of our art.

In the good old times, if the malformation reached a certain point, the unhappy subject was christened a "monster," and summarily disposed of, usually by being drowned; and, though Blackstone had pointed out the impropriety of this proceeding, and even laid it down, that "a monster having deformity in any part of its body, yet, if it have human shape, may inherit," the popular impression still remained in many places in favour of what may be termed the heroic treatment. Even as late as 1812, two women were tried at the York Assizes for drowning a child who was born with some malformation of the cranium. There was no attempt at concealment on the part of the prisoners, who did not appear in any way conscious that the act they had committed was either illegal or immoral.

Some malformations require immediate surgical assistance, either to preserve life, or because it can be employed to the best advantage at a very early period. For instance, in certain cases (rare, I confess), in consequence of adhesion of the lips during intrauterine life, the child is born with what is technically called *Atresia Oris*—that is, occlusion of the orifice of the mouth—and, unless a passage to the digestive organs is obtained, nutrition cannot take place and the infant perishes. A still better example—at least, one which is more commonly met

with—is, where the other end of the digestive tube is closed, constituting

Imperforate Anus. In this case, as in the previous one, unless an opening be established, life cannot long be sustained; and though the operation not unfrequently fails, or is not even attempted, the results at other times are most favorable. As an illustration, I will detail briefly a successful case of the kind which occurred to me at this Hospital.

Case.—Rebecca Nathan, 23 days old, was brought to me in the summer of last year, with no opening in the usual situation of the anus, the parts there being firm and solid. There was, however, in the posterior wall of the vagina a fistulous orifice, just large enough to admit of the introduction of a probe, through which some fecal matter exuded. This opening communicated with the rectum, which passed upwards and backwards, being separated from the surface where the anus should have been by soft parts, about an inch in thickness. The child was very ill, sick and pining away, straining constantly, and evidently suffering very much from the difficulty in passing the feces. I determined to operate; and, having passed a probe through the fistula into the bowel, as a guide, I made a free incision through the integuments a little in front of the coccyx, and divided the soft parts until I reached the rectum. This was opened freely, and a large gum elastic tube introduced through the wound into the gut, and secured there. There was no great amount of hemorrhage; the feces came away freely; no bad consequences followed; and the child, who throve very well, was brought to me from time to time for some months by the mother, who was supplied with a bougie, which she was instructed to pass frequently.

When I saw her last, the little patient's general health was much improved, and a pretty large instrument could be introduced without difficulty.

If the anus is imperforate, and there is no fistula to guide us to the bowel—as there was in the case I have related, or in one described by Mr. Dickinson at Rangoon, where the feces were passed through the penis (*Lancet*, 1859, page 534)—the case becomes more difficult, the chances of success are much diminished. In the first place, we ought, of course, to explore the perineal region; if the closure of the anus depends only on the existence of a thin septum, through which, perhaps, the meconium is visible, or if we find a soft and fluctuating tumour which indicates its presence, it is here undoubtedly that we ought to make our incision; the anus should be re-established in its natural position.

If, however, all these indications are absent, if there are no means of ascertaining to what extent the bowel is deficient or displaced, we may still divide the soft parts in this situation; but the operation will, in all probability, prove unsuccessful. Two other plans, however, present themselves to the surgeon. He may attempt to open the large intestine in the lumbar region by what has been termed Callisen's operation. Theoretically, this is an advantageous situation, for here the bowel may be punctured without the peritoneum being wounded; and in the adult, when an artificial anus is required in consequence of stricture, this operation has been performed with considerable success. In infants, however, the malformation and displacement are frequently not confined to the rectum, the difficulties become much greater, and practically, I am not aware of many cases where this operation has been of service.

The other plan is to open the bowel in the groin by Littre's operation. In a remarkable report, read at the Imperial Academy of Medicine, in January of last year, M. Rochard was able to bring forward five cases which had occurred at Brest, where this operation, performed for congenital imperforation, had proved permanently successful, and in which he could trace their progress for many years. One of these cases I may narrate, for it is in the after-results of our operations that the study of surgery is most deficient. An infant had Littre's operation performed on her in 1813. She is still alive; and very recently M. Rochard had an opportunity of examining her. Her digestion is excellent; the stools solid, passed periodically, and, to a certain degree, under the control of the will. When a motion is about to pass, she experiences a feeling of uneasiness and fulness in the left groin. She then removes the compress and body-bandage, which form the whole apparatus that she wears, and replaces them when the bowels have operated. In the intervals, no fecal matter escapes, but there is a little mucous discharge from the upper bowel. A tumour exists, arising from a prolapse of the lower or anal division of the intestine (this, I may remark, was found in

all the cases); under pressure, this tumour diminishes in size, but cannot be entirely reduced; there is no tenderness about it, except when diarrhœa is present. The patient is strong and well formed, able, and indeed obliged, to perform hard work. In another of the cases related, the woman married, and had four children, the pregnancy and delivery being, on each occasion, quite normal.

The objections to Littre's operation have been mainly, that the peritoneum must be wounded, and that the artificial anus, if placed in the groin, is a perpetual source of inconvenience and discomfort. It has also been asserted that it necessarily predisposes to hernia. To the first objection, it is fair to answer, that we do not hesitate to wound the peritoneum in operating for hernia; and to the second, that an artificial anus must always be a source of discomfort; but it is, at any rate, more manageable by the patient if placed in the groin, than if situated in the back. As to the alleged tendency to hernia, it is to be remarked, that in not one of these successful cases had any rupture taken place.

The conclusion at which I have arrived for my own part is, that in the next case of imperforate anus I meet with, if there are no indications of the bowel in the perineum, I shall not hesitate to proceed *at once* to form an artificial anus in the groin, rather than exhaust the patient by previous ineffectual attempts to discover the end of the large intestine.[1] In infants it may be remarked, that the sigmoid flexure is very long, and may be directed transversely into the right iliac fossa, bending back from right to left to enter the pelvic cavity. M. Huguier has consequently suggested that the operation should be performed in the *right* groin. Probably, however, by making the incision rather high up, at the level of, or above the anterior superior spine, the left groin would be preferable, and this appears to have been selected in all M. Rochard's cases.

Imperforate Vagina. An imperforate condition of the vagina is frequently met with, which admits of ready and easy cure. Here the vagina at its orifice is obstructed by the two sides being closely united by a thin membrane, which presents a very small opening at its upper border, allowing the urine to escape. The membrane is placed well in front of the hymen, from which it is totally distinct. No inconvenience is suffered, and perhaps some years may have elapsed before the condition is noticed. At last it attracts the attention of the mother, who becomes alarmed, and is anxious that something should be done. The treatment is simple; a moderately strong probe may be introduced behind the membrane, through the orifice at its upper part; and being curved downwards, may be made to tear its way out, leaving a line of raw surface on each side of the vagina; these sores may then be coated separately with collodion, to prevent their reuniting, and the case requires no further treatment. The sooner this is done the better; if left to a more advanced age, as has been recommended by a writer of eminence, the union becomes much firmer and more difficult to destroy. Mr. Rees relates a case which had been so left, where the adhesion was a quarter of an inch in thickness, and required a troublesome operation for its removal.

Hare-lip. Another class of malformations would consist of those in which, if an operation is not absolutely required at a very esrly period of life, it is performed with the greatest prospect of success in respect to after deformity; as an example, I may adduce hare-lip. It has indeed been a question here whether surgical interference had not better be deferred till a later period of life; till dentition has been accomplished, or even till that fabulous period when the child has become so sensible of his deformity as to be ready to concur in its removal; but I quite agree with Mr. Butcher in the opinion he gives, in his very excellent remarks on the treatment of this affection, that the operation can scarcely be performed too soon; by the end of the first week of life certainly, and thence to the termination of the third month. Indeed, when complicated with cleft-palate, the immediate cure of the hare-lip not merely favours a spontaneous closure of the fissure of the palate, but sometimes offers the only chance of preserving the life of the infant, by enabling it to suck. Two such cases occurred to me here; in one, from certain circumstances, no operation was allowed, and the infant perished of inanition; in the other, I ope-

[1] Since this lecture was delivered, I have had occasion to perform Littre's operation on a female infant with imperforate anus. Though the case, which presented some interesting peculiarities, terminated fatally at the end of forty-eight hours, I see no reason to modify the opinion given in the text. The sigmoid flexure was reached and opened without difficulty.

rated for the hare-lip, and the child did well, the cleft palate being left to take its course.

Orthopædic Surgery. It is in the child especially, that orthopædic surgery, as it is called, for the relief of muscular contractions and of the deformities consequent upon them, has most frequently to be employed; and though these contractions are by no means invariably congenital, they are so sufficiently often to warrant my now alluding to them. In these cases, the sooner remedial measures are employed, the more readily is the deformity removed. In fact, the earlier the age of the patient, the more easily will the part affected yield to pressure properly applied; and, in most cases, by appropriate mechanical appliances, even without the use of the knife at all, a perfect and a permanent cure can be effected. We may, indeed, take a lesson perhaps from our celestial brethren (in China), with respect to the great power we possess in moulding or manipulating the infant foot; and if they are able to make it assume the peculiar form which is considered fashionable and proper in their females, so may we, with greater sense, by a similar procedure, relieve deformity and restore the natural form.

Congenital Fractures and Dislocations: Congenital Dislocation of the Hip. Before the child is born, even within its mother's womb, it is liable to fractures and to dislocations, and a correct knowledge of these is always advisable, and frequently indispensable to the surgeon. A little girl, for instance, ten years of age, was brought to me last year, said to be labouring under disease of the hip, for which she had been duly leeched and blistered, painted with iodine, and drenched with cod-liver oil. She had, in truth, congenital luxation of the left hip-joint, an affection not very uncommon, and of which M. Boyer has collected thirty-two cases. This dislocation, which generally takes place upwards, the head of the femur resting on the dorsum ilii, as it did in the case I have alluded to, frequently occurs on both sides at once, but is occasionally met with on one side only. It may not be noticed at the time of birth, but becomes apparent when the pelvis expands, when the child's movements get more active, when he attempts to assume the upright posture and to run alone. The want of proper support of the body on the extremity, the peculiar unsteadiness in standing or walking, the defect in the proper movements of the hip, and the alternate elevation and depression of the head of the femur in the external iliac fossa begin then to be very evident.

This kind of luxation is said, like defective formations in general, to be more frequent in the female than in the male; eleven only out of the thirty-two cases mentioned by Boyer, occurring in boys, to twenty-one in girls; the case too I have related, occurred in a female. It occasionally runs in families, or may even be hereditary; it has been seen, for instance, in a mother and her daughter, in two sisters, and M. Sédillot mentions a family in which the mother had a double congenital dislocation, the son a similar dislocation on both sides, whilst the daughter had it only on the left side.

Opportunities of dissecting the parts are, of course not often met with, the affection not being in itself dangerous, whilst the number of cases in which it occurs is limited. According, however, to M. Pravaz, who has written a special treatise on the subject, the head of the femur may remain free upon the external surface of the ilium, having its movements limited only by the resistance of the soft parts, such as the capsular and accessory ligaments with the surrounding muscles; or, on the other hand, it may be fixed in a false joint. The cotyloid cavity, deserted by the femur, may not be completely obliterated, but only deformed, becoming of an oval or triangular shape, and reduced in its dimensions, *it may still, however, preserve a sufficient capacity, if not to inclose the head of the femur, at least to retain it.* The head of the femur is smaller than natural, and somewhat modified in its form. Its neck is shorter and atrophied, both in length and in circumference. The muscles which unite the thigh to the pelvis are relaxed or extended according to the effect produced upon their length by the displacement of the femur; those which are left relaxed or unused, passing into the state of fatty degeneration.

The congenital luxation is not always complete, especially in the first few years of life; afterwards, the constant action of the limb and the shocks which result from the movements in walking, frequently increase the first degree of displacement; the head of the bone is forced higher and higher on the ilium; it remains in its new position for variable periods of time, and leaves there

traces, more or less profound, of the pressure it has exercised.

The diagnosis from the results of hip-joint disease is simple. To translate the words of Dupuytren, "the absence of all pain or inflammatory swelling, of any abscess, sinus, or cicatrix; the simultaneous existence, in some cases, of a dislocation on each side; the history; the first appearance of any sign of the defect on the first step taken by the patient; the progressive development of the symptoms in proportion to the increased weight of the body—all these are so many certain means of distinguishing the two affections, so analogous in their signs, so different in ther origin, their nature, and their treatment."

With respect to the treatment, in most cases, at any rate, it can be only palliative. Baths, friction, and all measures calculated to strengthen the parts around, may be employed; whilst mechanical support is given to the limb by means of an appropriate apparatus embracing the pelvis and receiving and retaining the great trochanters. It is possible that in favourable cases, where the affection is recognized at a very early period of life, when the extent of the changes in the parts is proportionately small, especially, perhaps, when the luxation is double, and the pelvis has consequently remained symmetrical, reduction may be accomplished, a permanent cure effected; at least, M. Pravaz relates some cases in which protracted treatment is said to have terminated in a successful result.

Without feeling much confidence in the chance of a cure, I have been led to dwell at some length on this subject, as the treatment employed upon my patient shows that the affection is not universally recognized.

Encephalocele and Spina Bifida. Even where no operative interference is called for, a correct knowledge of the malformations which may occur, and of their site, is often of great consequence to the practitioner, as it may save him from committing great mistakes, from incurring much just blame. I may refer, by way of illustration, to those congenital malformations of the head and spine which have been termed *encephalocele* and *spina bifida*. In the former (congenital *encephalocele*), usually in consequence of intra-uterine hydrocephalus, when the pressure of the fluid interferes with the development of the bones, and at some particular spot arrests it altogether, we find a tumour of varying size and form, containing a certain amount of the substance of the brain, which protrudes through an aperture in the skull. Sometimes this tumour or hernia of the brain is as large as the proper head itself, or even larger. Generally, however: it is much smaller, and presents a more or less defined neck or pedicle, corresponding to the aperture in the skull. The protruded mass of brain is covered by the pericranium and dura mater, which are somewhat intimately united with each other, and by the other membranes. These coverings, however, are frequently much thinned, and may even give way and burst.

The most common situation in which this protrusion takes place is the occiput, as seen in the cast on the table, as well as in the preparation. Less frequently it is found at the anterior part of the skull, in the fronto-nasal region, or at the front part of the base, protruding into the orbit through the sphenoidal fissure, into the nose through the cribriform plate, or into the pharynx through the sphenoid itself. It has also been found between the occiput and parietal bone, at the top of the head; as well as in the parietal region. Some of these cases were possibly blood tumours or cephalhæmatomata, rather than encephaloceles. In the museum of Guy's Hospital is a specimen of encephalocele in the parietal region, the protrusion being in connection with the lateral ventricle. In a table of ninety-three cases collected by Dr. Houel, sixty-eight occurred in the occipital region, sixteen in the fronto-nasal, and nine at the base of the skull.

A very complete and admirable account of this affection was given a year or two back by my friend Mr. Prescott Hewett, in his lectures at the College of Surgeon's, which I hope will ere long be published; but my principal object in alluding to them is, to warn you to be upon your guard in meddling surgically with such congenital tumours in the situations I have mentioned, or else you may be disagreeably surprised by finding that you are unintentionally extirpating a part of your patient's brains—a mistake which very able surgeons confess to having committed. M. Lallemand, for instance, relates that he was asked to see a young girl with a tumour situated in the occipital region. Taking it for a wen, he began to remove it; but he soon found out that he had to do with the dura mater,

which was protruding through a hole in the occipital bone. The child died, of course, a few days afterwards, when the tumour was found to contain an elongated portion of the cerebellum. In the third volume of the *Clinique des Hopitaux des Enfants*, you will find related a case of encephalocele in the forehead in a child eight years of age (said, however, to be probably not congenital), which was mistaken at first for an abscess, and punctured; this was followed by head symptoms, when the case was pronounced to be fungus of the dura mater. More incisions were made, and the surgeon tried to cut off the whole tumour; but the operation could not be completed, on account of the hemorrhage, and the child died. On examination, the tumour was found to be composed of the substance of the brain itself protruding through the dura mater, which was perforated (it had been, we may recollect, extensively wounded), and corresponding to the loss of substance of the bony case of the skull. Dr. Zdzienski, too, relates an interesting case of this kind occurring in the nasal region, where the *écraseur* was applied in 1857, the affection being mistaken for a vascular tumour. The patient, who was between eleven and twelve years of age, of course died. (*Encephaloceles Congenitæ Casus Rarior.* Auctor, Theophilus Zdzienski. 1857).

Meningocele. Occasionally we meet with analogous protrusions through the skull, consisting, apparently, only of the membranes, forming a pouch containing cerebral fluid, but in which no actual brain-substance has been made out. These have received the name of *meningoceles.* It is possible, however, that even in these cases a portion of the brain really was protruded, but so distended by effusion into its interior, forming so thin a shell of cerebral substance, as to have given way, and rendered its presence difficult to demonstrate, except on careful dissection. Such appears to have been the case in the interesting preparation now on the table. It occurred in an infant I was requested to see before I became connected with this hospital. The tumour, which was congenital and placed at the back of the head, was originally very much larger than you see it now, in consequence of the soft coverings, which at birth were very thin and transparent over a very considerable extent, having given way soon afterwards, and allowed the discharge of a turbid fluid, by which the swelling was much diminished. The subsequent immersion in spirit, too, has tended to contract it still further. The child died with convulsions, at the age of about three weeks, when I was enabled to secure the entire head.

The opening by which the tumour communicates with the interior of the skull, and which is about large enough to admit the end of the little finger, is placed to the right side of the central line at the lower and back part of the occipital bone. It is not situated, as has been sometimes stated, at the junction of the four pieces of which the back part of the occiput is said in books to be originally formed, but nearly an inch below it, between the occipital and condyloid portions of the bone, the circumference of the opening not being entirely osseous, but at its lowest part consisting, for a small extent, only of membrane, which extends to the foramen magnum, from which the hernial aperture is distant about three-quarters of an inch. Through this opening the dura mater can be plainly seen passing, forming the constricted neck of the hernial sac.

Inside the skull, extensive hydrocephalus has been present; the lateral ventricles have been enormously distended with fluid, the brain-substance forming only a thin shell investing the cavities. The cerebrum, however, has no connection with the tumour, from which it is separated by the tentorium, which appears to have been forced upwards and thinned. On raising this, the cerebellum is seen to have been considerably more distended with fluid than the cerebrum, its nervous matter being hardly thicker than foreign note-paper, but still presenting a laminated appearance, by which it can be recognized. There was no fluid to speak of in the cavity of the arachnoid, or between it and the pia mater; the thin walls of the cerebellum, with its pia mater and visceral arachnoid, being in pretty close apposition with the dura mater and parietal arachnoid, but easily raised or separated from them, except at the neck of the sac, with which they are evidently connected, and into which some portion of the cerebellum can still be traced.

The practical point for us to bear in mind is, to recognize these tumours, to be aware of their nature, in order that we may avoid meddling with them unnecessarily, especially as their existence is not necessarily in all cases a cause of death. M. Lalle-

mand, for instance, found a hernia of the cerebellum in an aged woman at Salpétrière; and in Dr. Zdzienski's case, already quoted, the patient at the time of operation was about twelve years of age, and in good health. The leading diagnostic marks are—1. The seat of the congenital swelling; 2. Its *pediculated* character; and 3. Its *colour*, which varies according to the position, being natural in the occipital region, where it is covered by the hairy scalp; whilst in front, where the skin is thinner, it may present a reddish or violet hue, giving it a great resemblance to an *erectile tumour*. It is generally soft and fluctuating; usually, but not invariably, reducible to a certain extent; whilst pulsatory movements synchronous with the pulse, as well as with the respiration, are sometimes present, but are very often absent.

The treatment must be principally negative. You must not *excise* the tumour, nor yet *incise* it. Moderate pressure with steady support will generally be of service. If there is great tension, you may perhaps evacuate some of the fluid by acupuncture; but injections, whether of iodine or of other substances, are, on the whole, more likely to do harm than good.

Tumours of the Scalp, with Absorption of the Cranial Bones. I may be allowed here to introduce a few words respecting another form of tumour of the scalp, which may also communicate with the interior of the skull, but where the bone is perforated in the opposite direction, viz., from without inwards, and which is met with occasionally in children in whom the bone is soft and absorption active. In the museum of the College of Surgeons is a frontal bone with a largish aperture in its middle line. It was sent from abroad to Mr. Prescott Hewett (by whom it was presented to the museum), with, I believe, the following history. The patient had a sebaceous encysted tumour of the forehead. This was removed; but during the operation, it was found that the frontal bone beneath the tumour had been absorbed, and the dura mater was exposed and injured. Head symptoms followed, and the patient, I presume, died, for the frontal bone is in the Lincoln's Inn Fields. Curiously enough, two cases of the same kind came under my care at this hospital within a few months of one another. In these instances, in removing the sebaceous encysted tumour from the middle line of the forehead, I found it placed beneath the occipito-frontalis, and lodged in a well-marked cup-like depression in the bone, to the periosteum of which it was adherent, especially at the bottom of the cup, where the union was very firm. On dissecting out the tumours very carefully, I discovered at the lowest part of the depression a small aperture in, or deficiency of, the bone, where the pericranium appeared to be blended with the dura mater beneath.

I have no preparation to show, because in both instances the patient recovered, though a well-marked depression was left at the seat of the operation; but I mention the cases to impress upon you the propriety of being careful in excising cysts in this situation in very early life, as you may find the bone deficient, the dura mater unprotected, and a hasty stroke of the knife might wound the membranes, and cause the death of the patient.

Though I have no preparation with *complete* perforation, here is a portion of the os frontis showing a distinct depression or fossa situated just above the orbital arch, towards its outer extremity, in which such a tumour, about the size of a small bean, and congenital in this instance, was placed. The infant dying from other causes, I was able, through the kindness of Dr. Jenner, to examine the parts *in situ*. The tumour was placed beneath the occipito frontalis, from which it was quite distinct, appearing, when the scalp was stripped off, as a small projection from the bone, surrounded by, or imbedded in, the pericranium. The fossa or depression in which it is lodged is well-marked; but the bone in this situation is too thick to admit of any chance of its whole substance being absorbed, or of the dura mater being exposed.—*British Medical Journal*, Jan. 7, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Strangulated Hernia treated by Opium.—Dr. S. W. Noble read, a few months since, before the McLean Co. Med. Society, an interesting paper on this subject, in which he relates several very intractable cases of strangulated hernia successfully treated by full and oft repeated doses of opium until complete narcosis was produced.

"When given in this way," he says,

"opium will evidently produce a more complete relaxation of the muscular system than any other known remedy. It possesses this advantage over most other relaxing medicines: you can manipulate without giving pain. But, on the other hand, if you relax the system perfectly with tartar emetic or tobacco and apply the taxis, you cause pain in the parts which excite contraction in the muscles implicated in the hernia, which are the very ones you wish to relax. The same objection applies to chloroform, with this slight exception: the patient is not conscious of the pain, and you have not the influence of volition to contend with."

"Opium, likewise, when given in large doses, say from three to five grains to an adult, arrests vomiting, which is one of the most unpleasant symptoms, quiets the irritability of the system, and effectually prevents inflammation and mortification in the strangulated portion of the bowel. When the patient is thoroughly and permanently under the influence of opium, if the stricture is not relieved and the bowel returned spontaneously, it may be readily accomplished by a renewal of the taxis. At least that has been my experience in these cases." —*Chicago Med. Journ.*, April 1860.

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Medical Classes, Session 1859-60.—We continue this list from our preceding No., p. 59.

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Rush Medical College (Chicago) . .	101
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Medical Graduates in 1860.—We continue the list from our preceding No., p. 59.

Medical College of Ohio	32
St. Louis Medical College	52
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Cleveland Medical College	18
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Shelby Medical College (Nashville) .	9
Medical College of Virginia	82
University of Louisiana	113
New Orleans School of Medicine . .	63
Medical College of Georgia	62
Med. Dep. Iowa University	12

Worcester's Dictionary of the English Language.—In noticing this work in our last No. we neglected to state that Messrs. John Penington & Son, No. 127 S. 7th St., were the agents for it in this city.

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Obituary Record.—It is with profound regret that we record the death of Dr. Charles Frick, Professor of Materia Medica in the medical faculty of the University of Maryland, which took place on the 26th of March, after a short illness, from diphtheria, in the 37th year of his age. Thus has been cut off, in the bloom of his life and in the midst of a bright career, one whose extensive professional attainments, irreproachable character, and genial social qualities had endeared him to a large circle of friends. These, with the school to which he was attached, indeed the whole profession of the country, have by his death sustained a great loss.

FOREIGN INTELLIGENCE.

Death from Inhalation of Chloroform in Lisbon.—On the 12th ult., a man of thirty was to have been operated upon, at the St. Joseph Hospital of Lisbon, for a cystic tumour of the face. Chloroform was administered by means of a piece of lint, covered with a thin strip of linen, and held at a short distance from the nose and mouth. The stage of excitement suddenly ceased, the patient turned pale and pulseless, and made a long inspiration. He drew in long breaths at more and more distant intervals until he died, just six minutes after the chloroform had been placed against his mouth. The actual contact of the lint moistened with the chloroform had hardly lasted two minutes. On a post-mortem examination, the lungs were found gorged with blood and ecchymosed, the right auriculo-ventricular orifice dilated, the aorta full of brown, fluid blood, the cerebral matter and meninges injected —*Gaz. Méd. de Lyon et O Archivo Universal de Lisboa.*

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Discovery of the Circulation of the Blood.—The *Gazette Hebdomadaire* of the 23d instant quotes Italian verses extracted from a work of one Cecco d'Ascoli, who was born in 1257, and whose poem entitled "Acerbo" was printed only in 1476, which verses might be so construed as to contain

a clear statement of the circulation of the blood as discovered by Harvey. Cecco was burned as a heretic in 1347.

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Turning.—M. Van Eden advises that in performing the operation of turning the child in the womb, the woman should be placed on her hands and knees. or, as he calls it, *en vache*, and for two reasons: the movement of the hand is not impeded by the arch of pubes, and the feet of the child are more readily grasped.—*Med Times and Gaz.*, March 24, 1860.

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Double Extra-uterine Gestation.—M. Rupin relates, in the *Gazette de Hôpitaux*, the case of a healthy woman of thirty, who had borne two children, parturition having in both cases been perfectly normal. Towards the sixth month of a third gestation, she experienced severe pains, and a tumour was discovered projecting into the vagina. Fluid and the head of a child were distinctly felt, and, as the pressure was such as to interfere altogether with the functions of the bladder and rectum, an incision was made into the walls of the vagina, and a fœtus extracted. The mother soon sank under terrific hemorrhage.

On a post-mortem examination, the cyst, which had contained the fœtus, was found behind the abdominal walls, and before the uterus, with which organ it had no direct communication. At the fundus of the cyst lay the placenta, rather larger but less thick than usual. During the efforts made to remove it, spiculæ were felt, and finally all the bones of another fœtus were taken from the placental mass, in which they were embedded. They seemed to belong to a fœtus of four months, whilst the one which had been extracted from the cyst appeared six months old. On opening the uterus, the lining membrane was found villous, and the size of the organ rather above the normal standard. The ovary on the right side was of the ordinary size; a corpus luteum was noticed in it; and the whole of the uterine appendages on that side were perfectly healthy. The left ovary, however, was atrophied; the Fallopian tube could not be distinguished, and it appeared as if the cyst had become developed in it and on the broad ligament.—*Lancet*, April 7, 1860.

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Digestive Powers of the Pancreatic Juice.—Dr. Corvisart, who has paid so much attention to this subject, is prosecuting his inquiries with undiminished ardour. At the meeting of the Academy of Medicine of Paris, held on the 20th inst., Dr. Corvisart read a paper wherein are related several new experiments, which entirely confirm the views he has set forth respecting the digestive powers of the pancreatic juice. The pancreas might therefore be looked upon as an organ having, like the liver, a direct action on intestinal digestion. —*Lancet*, March 31, 1860.

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Liebig's Invalid Soup.—The following is the method of preparing this: Take half a pound of newly-killed beef or fowl, chop it fine, add one pound and an eighth of distilled water, with four drops of pure muriatic acid, and thirty-four to sixty-seven grains of common salt, and stir well together. After an hour the whole is to be thrown on a conical hair sieve, and the fluid allowed to flow through without any pressure. The first thick portions which pass through are to be returned to the sieve, until the fluid runs off quite clear. Half a pound of distilled water is to be poured in small portions at a time on the flesh residue in the sieve. There will be obtained in this way about a pound of fluid (cold extract of flesh), of a red colour, and having a pleasant taste of soup. The invalid is allowed to take it cold, a cupful at a time at pleasure. It must not be heated, as it becomes muddy by heat, and deposits a thick coagulum of albumen and colouring matter of blood. In soup prepared in the usual way by boiling, all those constituents of flesh are wanting which are necessary for the formation of blood albumen; and the yolk of egg which is added is poor in those substances, for it contains in all 82½ per cent. of water and fat, and only 17½ per cent. of a substance the same or very similar to albumen of egg. But whether it is equal in its power of nutrition to the albumen of flesh, is at least doubtful from the experiments of Magendie. Besides the albumen of flesh, the new soup contains a certain quantity of colouring matter of blood, and with it a much larger quantity of the necessary iron for the formation of the blood corpuscles, and finally the muriatic acid to assist digestion. A great obstacle to the use of this soup in summer is its liability to change in warm weather. It enters into fermentation, like sugar with yeast, but without acquiring a

bad odour. What may be the substance which gives rise to this fermentation is a question well worthy of being investigated. The extraction of the flesh must consequently be made with very cold water, and in a cool place. Iced water, and external cooling with ice, completely remove this difficulty. But the most important point to be attended to is, to employ meat quite recently killed, and not several days old.—*Med. Times and Gaz.*, March 24, 1860.

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Absence of Urinary Bladder; Enlargement of the Pelvis of one Kidney.—M. Schmidt states, *Journ. de Méd. de Bruxelles*, that a woman, aged thirty, died at the Central Hospital of the Great Duchy of Luxemburg, who presented, on a post-mortem examination, a complete absence of the bladder. The right kidney was very large, and its pelvis so increased in size, that it could contain from four to five ounces of fluid. It had evidently performed the office of a bladder. It was terminated by a very long ureter, which opened at the meatus. The left kidney was quite atrophied, and seemed to be affected with tubercular degeneration. The woman had stated that she had suffered from incontinence of urine since her twelfth year—a circumstance which can hardly be credited when the congenital defect is considered.

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Acupressure.—In an editorial in the *Med. Times and Gaz.*, March 17, 1860, it is stated that, "Acupressure is making progress. There are now known in Edinburgh 11 amputations of the limbs in which the bleeding was arrested by means of acupressure, viz., 2 of the thigh, 4 of the leg, 1 of the arm, and 4 of the forearm. Besides these there are 2 amputations of the ankle-joint or foot, several amputations of the toes and fingers, and various instances of excision of the mamma, etc. All the cases have recovered, or are in the way of recovery, and secondary hemorrhage appears to have taken place in none. The first case in which acupressure was used after amputation of the thigh, was in a patient who had spreading gangrene of the leg as the result of a machinery accident. Dr. James Struthers amputated the limb, and removed the needle which secured the femoral artery on the fourth day. In the other thigh amputation, in the practice of Mr. Crompton, of Birmingham, the acupressure needle was withdrawn in fifty-two hours. Our Paris correspondent writes as follows: 'M. Foucher, who has just been appointed to the Necker, removed a tumour from the neck of a woman two days ago. He was prepared to employ acupressure, but, with the exception of a small artery, no vessel of any consequence was wounded. This vessel was perfectly controlled by Simpson's method; the needle employed, which was substituted for a ligature, having been removed towards the termination of the dissection, and before the wound was dressed. Foucher is quite disposed to give acupressure a fair trial, and waits only a favourable opportunity to employ it in an amputation. He is pretty confident that it will ultimately supersede the ligature.'"

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Influenza and Intermittent Fever in Paris.—Influenza is at the present time unabated in Paris, and will probably continue so until the weather is less severe. A rather unusual affection has been noticed also to reign epidemically in the French capital, namely, an intermittent fever, the fits of which recur at very short intervals. It has been found that this fever resists both powdered bark and quinine, the symptoms generally giving way to a little patience, without medicine, followed by the administration of bitters. In fact, this fever has steadily resisted the usual antiperiodics, and has even been aggravated by their use. —*Ibid.*

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Insanity in Paris.—It is stated by the French press that lunacy is much on the increase in Paris. It is certain that recently a considerable number of eccentric and insane persons have publicly exhibited their peculiarities in such a manner as to call for restraint. This may be an accidental and temporary condition of affairs. Twice during the last few days the police have arrested three persons who were openly committing acts of insanity in public places. On Saturday week, three lunatics successively applied for admission at the Tuileries, seeking an audience of the Emperor Napoleon on various pretences.—*Lancet*, April 7, 1860.

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Increased Mortality caused by the Masons' Strike.—The Registrar-general of England, speaking of the increased mortality caused by the masons' strike among their families,

relates the following anecdote: "The wives evidently thought their husbands in the right, and suffered with them the pangs of hunger. A relieving officer thus writes on September 1st: 'I visited this man's lodging. He was out, but his wife was in bed, with scarcely a rag to cover her, evidently gradually sinking from want. The room contained scarcely an article of furniture, and presented a most destitute, neglected, and dirty appearance. She said: We are starving, sir; we have neither fire nor food. Why, I replied, does not your husband go to work? What, she exclaimed with considerable energy, to become worse than a slave!'"—*Med. Times and Gaz.*, March 24, 1860.

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Births and Deaths in Berlin during 1859.—There were born 17,648 children, viz., 9,088 males, and 8,560 females. There were 13,049 deaths, 6,912 taking place among males, and 6,137 among females; the births, therefore, exceeding the deaths by 4,599. Among the births, 2,671 (1,385 male, and 1,286 female) were illegitimate; and 806 children (446 male, and 360 female) were born dead, 197 of these (113 male, and 84 female) being illegitimate. Twin births occurred in 222 instances, and triplets five times. There were 4402 marriages. In comparison with 1858 there were 1,060 more children born, and 323 more deaths took place. The population increased in 1859 by an excess of births over deaths by 4,599, and by an excess of immigration over emigration by 1,680, therefore, by 6,279 souls; so that, from 450,867 at the end of 1858, it rose to 457,146 at the end of 1859.—*Med. Times and Gaz.*, March 24, 1860.

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Births and Deaths in St. Petersburg and Moscow during 1858.—In St. Petersburg there were born 17,685 (9,174 male, and 8,511 female) children, while there died 19,077 individuals. This is but the repetition of an annually recurring fact that the deaths so considerably exceed the births, that the population of the capital is only kept up by immigration. The proportion of illegitimate children, too, is on the increase, and the number of marriages on the decrease. In Moscow there occurred 11,267 (5,822 male, and 5.445 female) births, and 11,703 deaths.—*Med. Times and Gaz.*, March 24, 1860.

Parisian Medical Intelligence.—Within the last fortnight, M. Bouverie, at the Infants' Hospital, has thrice performed the operation of tracheotomy for diphtheritis; and M. Barthez, of the Hôpital St. Eugénie, has operated upon two infants for the same affection.

At the last-mentioned hospital I witnessed last week an operation of resection of the right superior maxilla, by M. Marjolin. The patient was a boy, aged six years and a half, affected with fungus hæmatodes. Velpeau's method was employed, which consists in making the incisions from the angle of the mouth up to the malar bone. A saw chain was then introduced through the posterior nares, and the diseased bone sawn across below the inferior orbitar foramen; the other osseous attachments were resected by means of a small handsaw. The operation lasted twenty minutes. There was not much hemorrhage; but the poor child expired upon the operating table, I think from the shock. He cried very much before, and struggled during the operation. No anæsthetic was employed.

In the Lying-in Hospital of Prof. Dubois we had lately about twelve cases of puerperal peritonitis of a suspicious type, which have, however, all been cured by local bleeding, cataplasms, and opium.

Prof. Nélaton exhibited lately, in his clinique, a very interesting pathological specimen. As the case has an important bearing upon practical surgery, I shall state it fully. In removing a large encephaloid tumour, situated at the internal and lower part of the arm, and surrounding the brachial artery, Prof. Nélaton, while dissecting all round the artery to liberate the vessel and the median nerve, cut a small muscular trunk, which supplies the brachialis anticus, about three millimetres after its origin from the brachial. He tied this vessel just by the main trunk, which made him apprehend consecutive hemorrhage; hence he applied a "ligature d'attente" to the main trunk three centimetres above the tumour. He put the ends of the thread into a piece of adhesive plaster, and ordered the attendant, in case hemorrhage should take place, to tighten the ligature. During the first four days after the operation all went on satisfactorily, the greater part of the wound healing by first intention; but on the fifth day hemorrhage did take place; the ligature was tightened, and it was ar-

rested. In dressing the wound daily, M. Nélaton was surprised to find that the ligature applied to the small muscular trunk kept on unusually long. He could not remove it till the thirteenth day, and there was then appended to it a gangrenous portion of the brachial artery. Thus all the portion of the artery contained between the two ligatures sloughed, and the patient recovered, with the loss of a portion of his brachial artery. The gangrene was caused by the denudation of the artery through its whole circumference, being deprived of its vasa vasorum. M. Nélaton searched in vain for any similar case on record; but in submitting the specimen to M. Robin for microscopic examination, that learned micrographer sent a description of the different disorganized tunics of the artery in question, along with the following statement: In 1842, when M. Robin was dresser at the Charité, he saw M. Velpeau removing a large tuberculous ganglion from the axilla of a man aged thirty. The tumour having surrounded the axillary artery, he dissected it all round, and the vessel was laid bare for about four centimetres. On the fifth day the man died from hemorrhage. Autopsy: Transverse rupture of the artery about the half of its circumference at its denuded portion; cellular tunic gray, pulpy; elastic coat softened, easily torn, and of a reddish-gray colour; above and below the denuded portion the artery was normal. There can be no doubt, then, that the ligature d'attente saved M. Nélaton's patient.

The principal subject of interest at the last two meetings of the Académie de Médecine was the discussion occasioned by two memoirs on iodine. One of these was by M. Boinet, entitled "Alimentation Iodée." The writer considers iodine as a preventative as well as a curative agent in all diseases where that remedy is indicated. Taking his starting point from the fact that iodine is found in the soil, in water, and in the air, he considers it as a principle necessary to animal and vegetable life; hence, it is not only a medicine, but also an aliment. Thus, where that principle is largely found in the water and in the soil, vegetation is luxuriant, and animals are robust and well developed; but, on the contrary, where it is found only in small proportion, or where it is entirely absent, we meet those diseases which depend upon general debility, as goître, cretinism, scrofula, phthisis, &c. He therefore recommends iodine aliment (*e. g.*, to mix it with the bread) as a curative agent, and preventative against goitre, cretinism, constitutional syphilis, phthisis, and cancer (?). Its physiological action, when thus administered, is improvement of appetite, increase of vigour, &c. It never irritates the stomach or bowels. Its prolonged action, instead, as is generally believed, of producing atrophy of some organs, on the contrary, contributes to their development. The injurious effects of this agent must, according to M. Boinet, be attributed to the mode of its administration in a metalloid form, which, even in small doses, irritates the stomach and causes loss of appetite. These inconveniences can be avoided by exhibiting it in such a form as to prevent its precipitation, and to render it absolutely soluble.

The second memoir, on "Constitutional Iodism," is written by M. Rilliet, of Geneva. He admits three kinds of poisoning by iodine: 1st, *acute*, when administered in large doses; 2d, chronic, producing atrophy of the mammary gland or testicles; 3d, constitutional iodism, caused by small doses of one fifth or half a grain internally, or in the form of ointment continued for some weeks, or even months, for the cure of goitre. M. Rilliet thinks that idiosyncrasy, as well as the place, may modify its physiological action. Where there is a national deficiency of that principle, as in Geneva, the organism not being accustomed to it, the smallest quantity may produce poisonous symptoms. Thus he mentions also a case of residence at the sea coast producing constitutional iodism.

These two contradictory memoirs took the Academy by surprise. The principal statements as yet on the subject were made by MM. Ricord and Buchardat. M. Ricord is so much astonished at the effect of iodine at Geneva that he begins to doubt whether it is the same agent which renders such valuable services in France. He never administers it in larger quantities than a drachm and a half a day; but M. Puche, of the Midi, gives sometimes an ounce and a half daily, and during the last thirty years he has never witnessed any injurious effects. Constitutional iodism, which seems to be the rule in Geneva, occurs only once in a thousand in Paris. He never saw any atrophy of the mammæ. Some very rare cases of atrophy of the testicles may be

accounted for in the following manner: The patient suffers from syphilitic sarcocele, and the iodine is administered too late to check its progress; hence atrophy of the testes is the result. Patients suffering from tertiary syphilis grow fat by the prolonged administration of iodide of potassium. He weighed his patients before and after taking it, and he found them invariably gaining by the treatment. Goitreous patients coming from Geneva to Paris are not affected by small quantities of iodine as they are in their own country. M. Buchardat does not see any contradiction in the two memoirs. From several experiments he made with Stuart Cooper upon the action of iodine, he thinks it a capricious agent. Its physiological action may be different in Geneva from what it is in Paris. The conclusion he draws from the observations of M. Rilliet is that constitutional iodism is prevalent where goitre is endemic. We shall hear something more about it at the next meeting.—*Lancet*, March 24, 1860.

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Poisoning.—The British public were thrown into great consternation some years since by the publication of a small volume by Mr. Accum, entitled "Death in the Pot," in which he exposed numerous adulterations injurious to health, detected by him in different articles of food and drink in common use. The progress of science has since that time fearfully extended the employment of poisonous substances, and it is now not only the food we eat and the wine we drink that is charged with poisonous matters, but the air we breathe, the snuff that is taken, the cosmetics in use, are often charged with the most deleterious agents.

A few years since, many persons in England were seriously injured by breathing the air in a room lighted by candles in the manufacture of which arsenic had been used. In our No. for March last we noticed some cases of poisoning from arsenical emanations from green paper hangings, and several similar cases are on record. Lead is said to be a common adulteration of snuff, and that many persons have suffered therefrom.

Very recently, highly injurious effects it is said, have been experienced in Paris from the use of certain cosmetics and perfumery, and that an action for damages has been instituted by a Parisian actress against a perfumer, by indisposition caused by the use of his cosmetics.

Transformation of Sugar into Inosite within the Animal Economy.—Dr. Vohl, of Bonn, relates in the *Archiv. für Phys. Heilk.* (1858), a case which demonstrates this transformation. In a patient he found that the sugar disappeared, and that inosite took its place.

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New Edition of the Works of Hippocrates.—We learn that a new and splendid edition of the father of medicine is in course of publication at Utrecht, under the auspices of the Royal Academy of Sciences of the Netherlands. The editor is Dr. Frans Zacharias Ermerins, who for many years has devoted himself to the criticism and interpretation of Hippocrates. The first volume has just made its appearance under the following title: "'Ιπποκράτους και αλλων 'Ιατρων παλαιων λειψανα. Hippocratis et aliorum medicorum veterum reliquiæ. Mandatu Academiæ Regiæ Disciplinarum quæ Amstelodami est edidit F. Z. Ermerins, Vol. I. Trajecti ad Rhenum." The text of this edition is in Greek and Latin, and the work is printed in quarto form, with bold, handsome types, the Greek especially being remarkably clear and beautiful. Prefixed to the first volume are a preface and copious prolegomena, in the former of which the writer explains the necessity for a new edition of the Physician of Cos, notwithstanding the labours of M. Littré, whose edition of Hippocrates, although begun in 1839, is not yet completed. —*Lancet*, Feb. 25, 1860.

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New Gas for Lighting.—It is stated (*Med. Times and Gaz.*, March 24, 1860) that superheated steam, charged with coal-tar, produces with marvellous rapidity, and at an excessively low price, any quantity of very rich gas for lighting. Careful analysis has shown it to be composed of free oxygen, 1.8; oxide of carbon, 3; carbonic acid, 5.8; bi-carburetted hydrogen, 17.8; and protocarburetted hydrogen, 71.9. Compared with ordinary coal gas, this artificial gas is found to contain nearly one-half-less oxide of carbon, and twice as much bi-carburetted hydrogen; its intrinsic value is therefore twice as great.

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Obituary Record.—Died at Manchester, March 25th, 1860, James Baird, L. R. C. S. Ed., well known by his writings on hypnotism, electro-biology, "the Power of the Mind over the Body," &c. &c.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Compound and Comminuted Fracture of the Leg and Thigh in an Aged Person; Recovery.—Although we find, as a general rule, that age tells much against recovery in severe cases of injury, yet there are oftentimes remarkable exceptions; and if they are to be noticed in any one class of cases more than another, it is in extensive and dangerous fractures. Some weeks back, a man, sixty-eight years of age, was knocked down by a cab, and run over. He was taken up and conveyed to the Charing-cross Hospital, and placed under the care of Mr. Hancock. On examining him, it was discovered that he had sustained a rather severe compound and comminuted fracture of the right thigh, and a similar injury to the leg of the same side; thus there was a double compound and comminuted fracture in the same limb. Considering the man's age, impaired strength, and the nature of the injury, some surgeons would not have hesitated to amputate above the highest fracture. He was, however, treated with bark and ammonia from the commencement, and wine. The limb was carefully put up in splints. In a little time callus was thrown out, union of the fractures ensued, the wounds healed, and he has made an excellent recovery.

This case, as well as many others which we have previously recorded, shows that much may be done to cure and to save even in advanced age.—*Lancet*, Jan. 28, 1860.

Varicocele on both Sides; Vidal's Operation; Removal of Skin of Scrotum.—A. W., aged 25, was admitted into University College Hospital under the care of Mr. Erichsen, Dec. 14, 1859. He had never, he said, had any disease of the genital organs except

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the present, nor was there any history or appearance of varicose vein in any other situation. He suffered from indigestion, from frequent constipation, and was accustomed to walk a great deal, and to ride on horseback. His scrotum had always been relaxed. He noticed seven years ago that the veins of the scrotum on the left side were enlarged, but he found no inconvenience or pain from this until about nine months ago, when he began to have great pain after walking even a short distance. He wore a MocMain truss for three months, but was not relieved. On examination, the usual appearances and symptoms of varicocele were found on both sides, but much more on the right. The testes were smaller than natural.

On December 14, Mr. Erichsen performed Vidal's operation (ligature of the veins on a wire pin passed behind them) on the left side, chloroform having been given.

16*th*. Going on well. Very little pain. The wire was tightened to-day.

18*th*. There is to-day slight discharge from the aperture on each side of the scrotum. A large mass of induration may be felt around the wire. The general health is good.

20*th*. The pin and wire slipped out this morning. No hemorrhage followed. The induration is still increasing.

21*st*. The patient was again put under the influence of chloroform, and the veins of the right side were tied by passing a silver wire round them, and twisting the ends together. Some little pain followed this operation, but it entirely abated when the wire was removed.

January 4. The patient now walks about the ward. The induration is much decreased, and the veins do not fill when unsupported. At the request of the patient a large quantity of the loose skin of the scrotum was removed. The wound healed well. He has since been discharged, cured. —*Med. Times and Gaz.*, March 17, 1860.

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Death from the Rupture of a Varicocele.—The patient was the subject of varicocele of the left side, and received a blow on the scrotum, which immediately began to swell. He was shortly afterwards admitted into University College Hospital, with the scrotum distended to the size of an adult's head; with this was œdema of the penis and also of the scrotal integuments. The scrotal œdema appeared to be increasing, with discoloration, and altogether it seemed to be a very bad case. The case had been sent in as one of strangulated hernia, but its true nature soon became obvious. Incisions were freely made by Mr. Hill, the house surgeon, into the posterior part of the tumour, to relieve the tension and to let out the extravasation, which had produced ecchymosis and livid discoloration. A quantity of coagulated blood was thus removed, which was followed by a discharge of fresh blood, and the latter continued till the man suddenly expired. Previous to a post-mortem examination the next day, the body was injected with red size, and a large varicocele was discovered in the left side, with large, thin, distended veins, one of which had become ruptured by the blow and thus produced the hemorrhage. The case was, therefore, similar to the bursting of a varicose vein in the leg, death ensuing from loss of blood. Now, whilst the latter is comparatively of common occurrence, the former is very rare. This case, as Mr. Erichsen observed to his pupils, was like what was described by Percival Pott, many years ago, as hæmatocele of the cord, and no doubt was very similar to an example that had occurred in the same hospital a few days before, only that the swelling was much greater; the tunica vaginalis and testes were, however, quite sound, and a large quantity of blood (two pints) was extravasated in a few hours, threatening gangrene.

True hæmatocele of the cord is an equally rare disease, and arises after a strain or some violent exertion. As mentioned in Mr. Erichsen's work on surgery, "It commences in the inguinal canal, and thence extends downwards along the course of the cord, through the abdominal ring into the scrotum; but it does not surround or implicate the testis, which can be felt free and movable at it lowest part." Mr. Curling, Mr. Bowman, and others have described examples of it.—*Lancet*, March 24, 1860.

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Recent Hæmatocele.—Of the two forms of hæmatocele, namely, the spontaneous and traumatic, the latter is known to be by far the most common, and a good example of it came under observation, on the 11th of February, at St. Bartholomew's Hospital. The patient was an otherwise healthy man, who

had been subject to hydrocele of the left side. This was tapped some ten days before, at the hospital, and thirty ounces of serum withdrawn, without the escape of a drop of blood. The man foolishly went to work immediately after the operation, his occupation being one requiring some exertion in connection with a newspaper, necessitating a great deal of running up and down stairs. The scrotum began to swell on the evening of the same day, and gradually continued to enlarge, till it had attained the size of a very large cocoa-nut. It was very ponderous, felt semi-elastic, and its nature was easily determined. Mr. Lawrence made a free incision into it on the 11th of February, and a quantity of dark, fluid blood spirted out with very great force, several clots remaining behind, which were turned out of the sac of the tunica vaginalis with the hand. The sac was now much smaller from contraction, and its obliteration is being slowly effected by still further contraction and granulation from the bottom. In all probability, no bad effects would have resulted could this man have remained quiet after the tapping of his hydrocele, but it is no uncommon occurrence to observe patients who have submitted to this procedure go about their ordinary avocations almost immediately afterwards.

We subsequently learnt that suppuration became established, and general contraction ensued, with closure of the wound.—*Lancet*, April 21, 1860.

LECTURE.

Lectures on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By Athol Johnson, Esq., Surgeon to the Hospital.

Lecture II.—Congenital Malformations (*continued*)—*Spina Bifida; its Treatment by Operation, by Collodion; by Iodine injections; Congenital Fatty Tumour of Spine; Deficiency and Excess of parts; Hermaphrodism; of the Male; of the Female.* Injuries and Accidents—*Foreign Bodies in Nose and Ear; Fractures; Peculiarities when complicated with Rickets; Incomplete Fractures; Traumatic separation of Epiphyses.*

Gentlemen: Towards the close of the last lecture, I drew your attention to certain congenital hernial protrusions from the skull, constituting *encephalocele*. In the back we find similar tumours connected with arrest of development in some portion of the spinal column, and formed by the protrusion, through an opening in the canal, of the membranes of the cord, distended with cerebro-spinal fluid. To these the name of *spina bifida* is given, and they are usually characterized by the hard and tense nature of the swelling when the patient is erect, its softness when the pelvis is raised above the head; expiration and inspiration producing frequently the same effect. As in the skull, however, the hernia is seldom that of the membranes alone; in the majority of cases, either the spinal cord itself or some of its nerves are more or less involved. Mr. Prescott Hewett, in his valuable remarks on this affection, states, "that of twenty preparations of spina bifida occupying the lumbo-sacral region, which he has examined, he has only found one in which the nerves were not connected with the sac. If the tumour corresponds to the two or three upper lumbar vertebræ only, the cord itself rarely deviates from its course, and the posterior spinal nerves are generally the only branches which have any communication with the sac. But if the tumour occupies partly the lumbar and partly the sacral region, then generally *the cord itself and its nerves* will be found intimately connected with the sac."

On the table is a specimen illustrating this fact, taken from a patient, five months old, who died under the care of Mr. Tatum. The cord and its nerves will be seen running across the cavity of the tumour to its posterior wall, where they are firmly fixed.

I need scarcely mention the importance of this connection as influencing our treatment. Numerous operations, including removal by ligature and excision, have been proposed and performed; in some cases, it is asserted with beneficial results, but in all, certainly, with great risk to life. Sir A. Cooper, it is well known, was successful in two cases; one of which he treated by simple compression, whilst in the other he evacuated the fluid by puncture with a needle, and subsequently employed pressure. Twenty-eight or twenty-nine years afterwards, the patients were alive and in good health. In both these cases, it may be remarked, the tumour was of moderate size, and seated in the loins; containing, probably, no portion

of the spinal cord. With others, however, the results have not been so prosperous; and in a discussion on the subject of spina bifida at the Société de Chirurgie last October, M. Guersant stated that he had tried different operations in fifteen or eighteen cases of this kind, but had never had reason to congratulate himself on the result. Suture, excision, ligature, had been rapidly followed by death; and if puncture and compression had not been so injurious, they had not prevented his little patients from dying at last. He mentioned, however, that he never employed iodine injections. (*Gazette des Hôpitaux*, October 15th, 1859.)

In the second volume of the *Medical Times and Gazette* for 1858, will be seen an interesting collection of cases of this affection, seventeen in number. On analyzing these, I find that in two cases a ligature was applied, and both died. In six cases, the tumour was punctured or wounded, and all six died. In one case, however, the notes of which are brief and imperfect, both ligature and puncture were employed, and recovery is said to have taken place. The results of operative interference, in these cases, at any rate, are not encouraging—eight out of the nine cases having died.

In seven cases, the sac was not meddled with: of these, two died, two were cured, and three remained in good health, at the ages of thirteen, twenty-three, and thirty-two, though with the tumour still present, and of large size. The remaining case I exclude, as it appears not to have been congenital, having been first noticed at the age of twenty-six, after a confinement. I may add, that every case in which I have myself punctured the sac has, sooner or later, terminated fatally.

Should nothing then be done in this affection? An application which may be used at least with safety, perhaps with advantage, is collodion, painted over the whole surface of the tumour, and for some distance around it. In a case related in the thirty-first volume of the *Journal für Kinderkrankheiten*, this was employed from time to time by Dr. Behrend, the part being afterwards protected by an India-rubber shield; a little calomel was at the same time administered internally, on account of some head symptoms, which happened to show themselves. Absorption of the fluid took place, and the tumour contracted and finally disappeared, leaving only a hardened mass to mark its situation.

Astringents may also be applied in the shape, perhaps, of a strong Goulard lotion, especially when the integuments are thin; or the saturnine salt may be combined with the collodion; in any case, too, the tumour should be protected, but not compressed, by a kind of shield formed of some suitable material.

There is still another mode of treatment which has been specially advocated of late, and which deserves, perhaps, a further trial; I mean injection of iodine into the sac. At the discussion to which I have alluded, M. Velpeau stated that whenever he had had recourse to operations involving any loss of blood, they had always failed; but that on three occasions, he had punctured the tumour and injected iodine. Two of these patients died, but long after the operation; in one of them, the injection was renewed three times in the space of three weeks, and the iodine had not produced the least trace of inflammation. The third child, who is now six years old, was cured, and is still living, five years after the operation. In this case, five or six injections were practised in succession. After the first, the skin over the tumour, which was previously red and almost ulcerated, became more firm and less irritated; the tumour diminished, and was only of the size of a nut when last seen. The fluid injected consisted of tincture of iodine, diluted at first with two-thirds of water, the strength being afterwards increased.

In the *Chicago Medical Journal* for September (quoted in *Boston Medical Journal*, vol. lxi. p. 246), Dr. Brainard is stated to have now treated seven cases in this way; of which five are said to be cured, though one died afterwards of chronic hydrocephalus. The injections, which consisted of iodine and iodide of potassium dissolved in water, were repeated as often as was deemed necessary, the strength of the solution being gradually increased; no more of the fluid, it is remarked, should be drawn off than would correspond to the amount of injection to be introduced. After the operation, collodion is applied, and should be continued for some considerable period. The success in these instances was undoubtedly considerable; though even here, it may be remarked, two at least out of the seven patients actually died; but in truth, the cases are somewhat loosely reported, many important particulars are omitted, and their

value consequently is materially diminished.

The conclusions I should draw as to the prognosis and treatment, would be these:—

1. The chances of a favourable result are never very great; and in the worst cases, where the tumour is very much distended and the deficiency of the spinal walls very considerable, where the skin is thinned, and, as it were, unravelled or on the point of bursting, or having actually burst, there is no reasonable hope.

2. Under any circumstances, the strong probability of the presence of a part of the cord or its nerves, and the fatal results of the cases in which such attempts have been made, forbid our having recourse to ligature or to excision.

3. In some cases, especially in those where the vertebral fissure is small, the tumour pediculated, and the communication with the spine limited, there is a chance of a natural cure taking place, or, at any rate, of the tumour not proving incompatible with life, if it is simply protected from external violence.

4. In treating this affection, if the tumour is of moderate size, and not enlarging, I should be unwilling, at first, to do more than apply gentle compression, by means probably of collodion, combined or not with astringents, support the part well, and protect it effectually from injury.

5. Should the tumour show a disposition to increase, I might then make a fair trial of iodine injections, though with a certain amount of foreboding as to the occurrence of inflammation of the spinal membranes. The punctures for this purpose should be made at a part where the skin is healthy and at the side of the tumour; for it is generally at the middle line that the cord and its nerves, if present, are attached. The strength of the solution, which should have been recently prepared, should be about one-sixteenth of a grain of iodine, and one-eighth of a grain of iodide of potassium to the drachm of water; the quantity, at first very small, not more, perhaps, than eight or ten drops, which might be introduced by means of the instrument now in use for injecting the perchloride of iron in cases of nævus. After the injection, pressure upon the tumour should be avoided, and if any redness or heat come on, cooling lotions may be used and collodion applied, after the inflammatory symptoms have subsided. Fresh injections should not be had recourse to, so long as any signs of inflammation remain, or till the tumour ceases to contract.

Cases of *spina bifida* are sufficiently common at the lower part of the spine to be familiar to most practitioners, who are, consequently, well acquainted with their nature. They are found, however, also higher up, in the dorsal region and in the neck, cases of which I have seen; but they occur so seldom in this situation, that they may not be recognized, and attempts might be, and have been, made to excise the tumour in ignorance of its real character. It is well, therefore, to be aware of the fact that they may be met with in these regions.

Congenital Fatty Tumour of Spine. I may, perhaps, be allowed here briefly to describe a very unusual form of congenital tumour connected with arrest of development of the posterior part of the sacrum, which came under my care at this Hospital. The patient was brought to me, three weeks after birth, with an ulcer situated on the top of an ill-defined swelling placed over the sacrum. The ulcer healed; but the swelling, which was evidently fatty in its nature, continued to increase, and caused much inconvenience by the convulsive movements in the right leg produced by any pressure upon it. I consented to operate, though with some misgiving, when the child was ten months old. It was found, during the operation, that the fatty tumour at its base extended into the interior of the sacral canal, through an opening (*due to the deficiency of the laminæ*), and was adherent to the membranes of the spinal cord; from these I dissected it off, fortunately without their being wounded, and the patient did well; the wound healed, and the convulsive movements ceased. Some time after its removal from the hospital, the child died from an accidental attack of inflammation of the bowels, when I had an opportunity of removing and examining the lower part of the spine, which is now before you. It will be seen that, in addition to the external tumour which was removed, there is a considerable fatty mass, with which the other was probably connected, extending for some distance *inside* the dura mater; this pressed upon the spinal cord, and involved the roots of the lowest spinal nerves so completely, that they seem to be imbed-

ded in its substance. There is, moreover, a malformation of the lower sacral vertebræ, which are partly displaced and partly deficient.

The case, full details of which are published in the eighth volume of the *Pathological Transactions*, shows the care which should be exercised in operating, even on solid tumours in the spinal region, when they occur in very young children.

Deficiency or Excess of Parts. With respect to the former, though we cannot, indeed, supply the deficiency, we can generally, by surgical or mechanical means, alleviate the inconvenience. In the latter, it is often in our power to render more efficient aid, by reducing the parts to their normal proportions. On the table, for instance, is the cast of a foot with nine toes, belonging to a female child, a superabundance of which the parents and even the child herself, were desirous of getting rid. The supernumerary toes were removed, and the foot was made to match its fellow of the opposite side.

Hermaphrodism. There is another irregularity of formation occasionally brought to our notice, when, as is sometimes the case, we are called upon to determine the sex of the child. I mean *hermaphrodism.* Three varieties of this have been described—viz., apparent hermaphrodism of the male, apparent hermaphrodism of the female, and the neutral or true hermaphrodism.

The first, or pseudo-hermaphrodism of the male, may depend—firstly, on *inversio vesicæ*, the red surface of the bladder having been mistaken for the vulva. As, however, this is seated principally *above* the pubic bones, the diagnosis ought to be easy.

Secondly, it may depend on adhesion of the under surface of the penis to the scrotum, in which it is buried, so as to present the appearance of an imperforate vagina. Mr. Terry relates a case of this kind, where a child, christened and considered as a female, turned out to be a boy; the penis being easily liberated, and found to be perfect, with the exception of a slight amount of hypospadias. Wrisberg mentions two similar cases, discovered at the ages of 19 and 46.

The third, and most usual form, however, consists in a fissured condition of the scrotum, which may then present a perineal cleft bounded by two folds of integument, bearing much resemblance to the labia, especially in those cases where the testicles have not descended. The resemblance to the vulva is generally increased by the small size of the penis, which is not unfrequently imperforate, or divided on its under surface, constituting the condition termed *hypospadias.* Numerous examples of errors in assigning the sex, committed from the last cause, have been noted. Amongst the most remarkable of these, is a case related in the *Cyclopædia of Anatomy and Physiology*, quoted from Otto, where the individual "had lived ten years in the state of wedlock, with three different men; but at the age of thirty-five an action of divorce was brought against her by her third husband, who accused her of being affected with some disease of the sexual parts; that rendered the connubial act on his part extremely difficult and painful." After some consideration, it was at last decided by the Royal Medical College of Silesia, that the supposed wife was a male, and that the condition of parts was that which I have just described.

A child, 15 months old, brought to this Hospital very recently, and whom many of you may have inspected, belonged, I believe to this class of hermaphrodism, though he has been christened Elizabeth, and some unusual peculiarities were present. The extremity of the glans, which with the member itself, is of considerable size, presents in its centre a fine opening, just large enough to admit of the introduction of an Anel's probe; this opening or urethra undoubtedly leads to the bladder, for the urine is passed through it with considerable force, though in a very fine jet, and apparently with pain. The urine, however, also comes away in a much larger stream through an opening placed beneath the member, resembling a vagina, by which a catheter can easily be passed into the bladder. No direct communication exists between the two urinary passages, which are at some distance from each other. A deep groove, lined with an ash-coloured membrane, exists for some distance on the under surface of the member, passing backwards into the vagina-like opening, and ending in front in a culde-sac quite distinct from and below the glandular urethra. The vagina-like passage, the orifice of which was closed at birth, and was subsequently opened by a surgeon, in consequence of the straining in passing the urine, is just large enough to admit the end

of a small little finger to the extent of about an inch. No uterus can be felt, and a catheter introduced along the passage at once enters the bladder. There is a considerable interval of skin and soft parts between this opening and the anus, constituting a fair sized perineum. On each side of the opening is a kind of labium, at present in a state of inflammation. On the right side can be felt, in its interior, a swelling bearing some resemblance to a testis, though much enlarged, and there is also a kind of cord prolonged from it into the abdomen. The left side is empty.

The congenital pseudo-hermaphrodism of the female consists mainly in an extraordinary enlargement or hypertrophy of the clitoris. In intrauterine life, it will be recollected, the clitoris is at first almost as large as the penis; and even at birth it is, proportionately, of considerable size. Its increase, however, afterwards is relatively slight, and at puberty it is usually not more than seven or eight lines in length. Occasionally, however, it happens that the development of the clitoris progresses as it did in the first few months of fœtal life; and the infant, nay, even the grown woman, presents an organ closely resembling that of the male. A photographic view, though not a very good one, of a case of this kind brought to me to determine the sex in a child eleven years of age, is now on the table.

Enlargement of the clitoris, which sometimes becomes three inches or more in length, is not always congenital, but may take place subsequently—too often, probably, as a result of early masturbation. If considered desirable, it may be cut or pared down; but, in this case, you must be prepared for copious hemorrhage.

Simple enlargement of this organ seldom causes much difficulty in our diagnosis even in infants. Frequently, however, it is combined with other malformations, and then the determination of the sex becomes less easy. The vagina, for instance, may be much contracted, and its orifice closed by a membranous septum; nay even the ovaries, with the Fallopian tubes, are said to have descended through the inguinal canal, presenting the appearance and sensation of the testicles. There may be, too, an indentation at the point of the glans, resembling the urethra, or even a blind canal extending for a certain distance, or a groove on its under surface, as in hypospadias. It is stated, however, by M. Marc, that the clitoris is *never* perforated by an urethra.

It will be seen, therefore, that it is not always an easy matter to decide upon the sex in the child. Even at a later age, when the parts are more developed, and when we may be assisted by the supervention of the menstrual discharge, mistakes and confusion have often occurred, and experienced observers have differed in the conclusions at which they have arrived.

There is another variety of pseudo-hermaphrodism of the female I may mention, though it is met with, of course, at a more advanced age, which depends on prolapsus of the uterus and vagina, which last becomes cuticular, and may present a certain resemblance to a penis.

For the neutral or true hermaphrodism—the *hermaphrodisia per excessum* of Rokitansky—I must refer you to the elaborate article on the subject in the *Cyclopædia of Anatomy and Physiology;* for the limited time at my disposal will not admit of my saying more at present on the subject of congenital deformities, with which, indeed, I fear I have already exhausted your patience; and yet there are numerous classes of them to which I have not even alluded—nævi and erectile tumours, for instance, which would of themselves offer abundant materials for at least a lecture. I think, however, we may fairly admit that the subject of malformations presents a wide field for surgical investigation and assistance.

(*To be continued.*)

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—Our National Medical Congress will hold its thirteenth annual session at New Haven, Conn., on Tuesday, June 5, 1860. The committee of arrangements have arranged with most of the railroad and steamboat lines for a reduction of fares for Delegates.

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National Convention for Revising the Pharmacopœia of the United States.—This convention held its fifth decennial meeting in the city of Washington on the 2d of May, 1860.

Dr. Geo. B. Wood, the president of the

convention of 1850, was called to the chair, and Dr. John C. Riley, of Washington, appointed Secretary pro tem.

A committee of five were appointed to nominate permanent officers which reported the following:—

President.—Dr. Geo. B. Wood, of Philadelphia.

Vice-presidents.—Dr. Jacob Bigelow, of Boston, and Dr. Edward Warren, of North Carolina.

Secretary.—Dr. Thos. Miller, of Washington.

Assistant Secretary.—Dr. J. C. Riley, of Washington.

Which report was adopted.

A committee of credentials were appointed, who reported the following delegates as present, viz:—

From the College of Physicians and Surgeons of Philadelphia—Dr. George B. Wood and Dr. Robert Bridges.

From the New York State Medical Society—Dr. Caleb Green and Dr. E. R. Squibb.

From the New York Academy of Medicine—Dr. E. R. Squibb.

From the College of Pharmacy of the City of New York—John Meakim and William Hegeman.

From the Philadelphia College of Pharmacy—William Procter, Jr., A. B. Taylor, and Edward Parrish.

From the Maine Medical Association—Dr. A. J. Fuller and Dr. H. T. Cummings.

From the Connecticut State Medical Society—Dr. Gurdon W. Russell.

From the Massachusetts Medical Society—Dr. Jacob Bigelow and Dr. Ephraim Cutter.

From the Jefferson Medical College—Dr. Franklin Bache.

From the University of Pennsylvania—Dr. Joseph Carson.

From the Medical Society of the District of Columbia—Dr. Thomas Miller and Dr. William G. Young.

From the National Medical College—Dr. John C. Riley and Dr. M. S. Lincoln.

From the University of Maryland—Dr. William E. A. Aiken.

From the Maryland College of Pharmacy—Alpheus P. Sharp.

From the United States Army—Dr. Lewis A. Edwards.

From the United States Navy—Dr. George Clymer.

The Report of the Revising and Publishing Committee, appointed in 1850, was read and referred to the Committee on Auditing Accounts of the Secretary and Assistant Secretary.

It was, on motion, resolved that such members of the two houses of Congress as are medical graduates be invited to attend the Convention and participate in its deliberations.

The delegates of several medical bodies represented in the Convention were then called on for contributions towards a revision of the National Pharmacopœia, when reports were handed in from the Massachusetts Medical Society by Drs. Cutter and Bigelow; from the New York State Medical Society, by Dr. Squibb; from the New York Academy of Medicine, by the same; from the New York College of Pharmacy, by William Hegeman, and from the Philadelphia College of Pharmacy, by William Procter, Jr.

Mr. Parrish presented a report from the American Pharmaceutical Society, a body not incorporated and not represented in this society; which was received.

These reports were referred to a committee with directions to report a plan for the revision and publication of the Pharmacopœia; the committee to consist of Dr. Franklin Bache, Mr. Edward Parrish, Alpheus P. Sharp, Dr. Thomas Miller, and Dr. George W. Russell, of Connecticut.

The Convention then adjourned until 11 o'clock to-morrow.

May 3d.

At 11 o'clock the chair was taken by Dr. Geo. B. Wood, of Philadelphia, the President of the Convention.

The minutes of the meeting of the preceding day were read by Dr. Thos. Miller, the Secretary.

Mr. Procter, from the Committee on Credentials, reported the presence to-day of the following gentlemen, additional to those present yesterday: From the Delaware State Medical Society, Dr. F. H. Askew; from the Maryland College of Pharmacy, Mr. George W. Andrews; from the Massachusetts College of Pharmacy, Messrs. Charles T. Carney and Robert R. Kent; and from the New York College of Pharmacy, Alex. Cushman.

Dr. Miller, from the Auditing Committee, stated that the report of the Revising and

Publishing Committee appointed in 1850 had been examined and found correct.

Dr. Bache, from the Committee on a Plan for the Revision of the Pharmacopœia, brought in a report comprising a series of resolutions, one of which was that there should be a committee of nine (Dr. Wood to be one) to revise and publish the Pharmacopœia; also, that three be a quorum, and that the place of meeting be in Philadelphia.

On motion of Dr. Miller, the report was considered resolution by resolution, and was passed.

On motion of Mr. Meakin, it was resolved that a committee be chosen from each State and Territory represented, ten in all—to nominate eight members of the committee on revision and publication of the Pharmacopœia.

On motion of Dr. Bache, a recess of ten minutes to confer with the President on the subject of appointing the Nominating Committee was had, after which the meeting resumed, and the Chair gave the names of the Committee.

On motion of Dr. Bache, a committee of five, to be appointed by the Chair, should be charged with the duty of reporting on a plan for organizing the next convention of 1870.

The committee thus constituted consisted of Drs. Bache, Squibb, Miller, Andrews, and Carson.

A recess of fifteen minutes was taken to allow the two committees to consult and report.

On coming again to order, Dr. Askew read the report of the Nominating Committee, which proposed for the Committee on Revision and Publication of the Pharmacopœia the following gentlemen:—

Dr. Franklin Bache, of Philadelphia; Dr. E. R. Squibb, of New York; Dr. C. T. Carney, of Massachusetts; Dr. Geo. B. Wood, of Philadelphia; Dr. H. T. Cumming, of Maine; Mr. Wm. Procter, of Philadelphia; Mr. Jos. Carson, of Philadelphia; Mr. Wm. S. Thompson of Baltimore, and Mr. A. B. Taylor, of Philadelphia.

The report was accepted, and its nominations confirmed.

The committee to make arrangements for the convention of 1870 reported through its chairman, Dr. Bache, that the same rules as adopted in 1850 for the present convention be taken, by simply changing dates.

This report was adopted.

Mr. Wm. Hegeman, of New York, moved to ask an expression of the opinion of the Convention in reference to the subject of a bill now before Congress, to provide for the greater security of the medical profession and the public in the matter of importation of drugs and medicines.

Dr. Bache, whilst acknowledging the great importance of the matter, deemed it not germane to the objects of this Convention, and therefore moved to lay the subject on the table; which was accordingly done.

Mr. Meakim called the attention of the Convention to a proposition of the New York College of Pharmacy, which he embodied in a resolution, and moved—

That in the index of the Pharmacopœia, the syllables of both Latin and English names be so divided and accented that the index may also serve as a pronouncing vocabulary to the Materia Medica; which, after discussion, was adopted.

Mr. Meakim next called the notice of the Convention to its title of the "National Medical Convention," &c. &c., and moved to change to "The Pharmacopœia Convention."

Dr. Bache proposed merely to strike from the present name the word "Medical;" which was put to the vote and carried unanimously.

So the Convention will be called "The National Convention for Revising," &c. &c.

On motion of Mr. Procter, a contribution was then made by each of the members present, to defray the expenses of the Convention.

The President took the opportunity to explain that the vote on the resolution of Mr. Meakim was merely a recommendation to the Committee on Revision and Publication, and not an instruction.

Mr. Procter spoke in favor of having a low-priced edition of the Pharmacopœia for more general distribution among pharmaceutists, which would do much to insure uniformity of preparation of medicines, &c.

The subject was discussed by the President, Dr. Bache, and Mr. Procter, when the matter seemed to be remitted to the discretion of the Committee on Revision, who were stated by the President to be always anxious to furnish an edition at the lowest price at which it could be done.

Dr. Parrish introduced the subject of

uniformity of weights and measures by the medical profession and by the apothecaries of the country. He advocated making the avoirdupois ounce the standard of weight, as was advocated in England.

The President thought the Convention could not discuss this subject with profit in the short time allotted to it.

Mr. Meakim thought it best to begin now if anything was to be done in the future.

Dr. Bache called up Mr. Taylor, of Philadelphia, who had written with much learning and effect on this subject.

Mr. Taylor then addressed the Convention in advocacy of abolishing the Troy and avoirdupois scales now in use, and substitute the grain as the unit for all weights less than a pound avoirdupois, beyond that he would use pounds. He would also do away with the Roman symbols, and use the common Arabic figures. He thought this better than the plan now proposed in Great Britain.

Dr. Squibb read an extract from the united proceedings of the New York Academy of Medicine and the New York College of Pharmacy on this subject.

Mr. Parrish advocated the abolition of the present anomalous weights, and was in favour of the avoirdupois ounce and pound.

Mr. Procter also favoured the avoirdupois measure as the only one to be used.

Dr. Bache thought it better, for the sake of uniformity, to wait the action of the British commissioners on the subject of the consolidation of the London, Edinburgh, and Dublin Pharmacopœias into a British Pharmacopœia. He was himself against changing the Troy grain, and hoped the British commissioners would not. He preferred the French system of *grammes* and *centigrammes*, doing away the *decigrammes;* but as there was little hope of this system being adopted in Great Britain, it would be best to wait and see what was done there before we act.

Mr. Meakim advocated the "grain" standard.

Mr. Parrish preferred the ounce.

Mr. Procter said that even in France now, in many of their best works on pharmacy, they reject the decimal division and go back to the old ante-revolutionary measures.

The subject of weights and measures was then dropped.

After a vote of thanks to the President, the Secretary, and Assistant Secretaries, the Convention adjourned *sine die.*

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Medical Society of the State of Pennsylvania.—The twelfth annual session of the Medical Society of the State of Pennsylvania will be held in this city, on Wednesday, the 13th day of June next, at 11 o'clock A. M., at the Assembly Buildings, S. W. corner of Tenth and Chestnut Streets, entrance on Tenth Street.

The Committee of Arrangement and Reception, appointed by the Philadelphia delegation, are busily engaged in making the necessary preparation for extending to our professional compeers from the different sections of our commonwealth, a hearty welcome, and the usual hospitalities of the city. Admission to our various literary, scientific, and charitable institutions will be procured, and, we understand, private receptions by members of the profession will be given on Wednesday and Thursday evenings. The afternoon of Thursday, it is proposed to devote to an inspection, by invitation, of the new and admirably constructed building of "the Pennsylvania Hospital for the Insane," located in West Philadelphia, and under the superintendence of Dr. Kirkbride. Nothing else in regard to the "programme" has as yet transpired.

On Tuesday afternoon, from 4 to 6 o'clock, and on Wednesday morning, after 9 o'clock, the committee will be in attendance at the Assembly Buildings, where delegates are requested, on their arrival in the city to call, present their credentials, register their names, and receive their cards of membership.

The following is a list of the delegates from the Philadelphia County Medical Society:—

Drs. G. Emerson, D. F. Condie, S. Chamberlaine, N. L. Hatfield, H. E. Drayton, John Bell, H. St. Clair Ash, W. D. Stroud, W. H. Hooper, J. Da Costa, W. Jewell, J. J. Levick, Squire Littell, H. Hartshorne, A. C. Bournonville, B. H. Coates, M. M. Levis, W. Darrach, A. L. Kennedy, D. Gilbert, W. H. Gobrecht, James Aitken Meigs, W. L. Johnson, W. B. Page, John F. Lamb, S. D. Gross, W. L. Knight, W. B. Atkinson, A. Nebinger, J. J. Woodward, Wm. Mayburry, D. D. Clark, Wm. Hunt, A. Fricke, Washington L. Atlee, W. Gallaher.

The *ex officio* delegates from this city are

Drs. Joseph Carson, R. P. Thomas, and L. Curtis.

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Medical Service, United States Navy.—The Naval Medical Board, which convened at the Naval Asylum, Philadelphia, March 1, to examine assistant surgeons for promotion, and candidates for admission into the medical corps of the Navy, adjourned *sine die* May 5th.

Assistant surgeons: Daniel B. Conrad, James Laws; Francis L. Galt, John S. Kitchen, Albert L. Gihon, John Vansant, Edward R. Denby, and Wm. M. Page were found qualified for promotion.

From among the many competitors for admission into the medical corps, the following were selected and classed to be appointed assistant surgeons in the navy as vacancies occur in the course of the year:—

No. 1. James E. Lindsay, of N. C.
2. Henry F. McSherry, of Va.
3. John J. Gibson, of Ill.
4. Osborn S. Inglehart, of Md.
5. Samuel J. Jones, of Pa.
6. Robert R. Gibbes, of S. C.
7. Joseph W. Shively, of Ohio.

A similar competition or *concours* takes place yearly, at about the close of the lecture season. Admission to it may be obtained by applying to the Secretary of the Navy, who will no doubt furnish any needful information on the qualifications necessary to be admitted a candidate.

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New Law in Pennsylvania in relation to the Sale of Poisonous Drugs.—The following section of the new Penal Code, passed by the Legislature last winter, is of great importance to those who deal in drugs of any kind which are used as poisons: "No apothecary, druggist, or other person, shall sell or dispose of by retail any morphia, strychnia, arsenic, prussic acid or corrosive sublimate, except upon the prescription of a physician, or on the personal application of some respectable inhabitant, of full age, of the town or place in which such sale shall be made. In all cases of such sale, the word *poison* shall be carefully and legibly marked or placed upon the label, package, bottle or other vessel or thing in which such poison is contained; and, when sold or disposed of otherwise than under the prescription of a physician, the apothecary, druggist, or other person selling or disposing of the same, shall note in a register, kept for that purpose, the name and residence of the person to whom such sale was made, the quantity sold and the date of such sale. Any person offending herein shall be guilty of a misdemeanor, and, on conviction, be sentenced to pay a fine not exceeding fifty dollars."

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Dinner to Dr. Geo. B. Wood.—A complimentary dinner was given at the Academy of Music, on the 6th of May, to Dr. Geo. B. Wood—who has recently resigned his Professorship of the Practice of Medicine in the University of Pennsylvania, and is soon to go abroad, to remain there some time—by a large number of his professional friends, in testimony of their respect and esteem for him personally, and of their estimate of the value of his labours to elevate the characters of the profession, and to extend the bounds of our science. Certainly, no one in this country has better earned this compliment from his professional brethren.

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New Protestant Episcopal Hospital.—The corner-stone of this Hospital, situated at the corner of Lehigh Avenue and Front Street, Philadelphia, was laid on Thursday afternoon, May 24, in the presence of a large assemblage. Addresses were delivered by the Rt. Rev. Bishop Potter, Dr. Caspar Morris, and Dr. Mullenberg.

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University of Maryland.—Dr. Wm. A. Hammond, Ass't Surg. U. S. A., has been appointed Professor of Anatomy and Physiology in place of Dr. Roby, who has resigned in consequence of ill health; and Dr. Edward Warren, of Edenton, N. C., has been appointed Professor of Materia Medica and Therapeutics, in place of the late Dr. Charles Frick.

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Medical College of the State of South Carolina.—The class in attendance on the lectures for the session of 1859–60 amounted to two hundred and forty-nine students, and the degree of Doctor of Medicine was conferred at the annual commencement upon one hundred and fifteen candidates.

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Mobile Medical College—The Legislature of Alabama have made an appropriation of fifty thousand dollars to this institution.

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New Orleans School of Medicine.—A number of changes have been made in this school. Dr. Austin Flint, Jr., has been

appointed to the chair of Physiology and Microscopic Anatomy; Dr. Peniston has been transferred from the above mentioned chair to that of Anatomy, and its former incumbent, Dr. Beard, has been appointed Professor of Surgery and Surgical Pathology. A chair of Clinical and Operative Surgery has been created, which has been filled by the election of Dr. Choppin.

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Georgia Medical and Surgical Encyclopedia.—This is the singular title of a monthly journal published at Sandersonville, Geo., under the editorship of Drs. H. N. Hollifield and Tom. W. Newcome, the first No. of which appeared in May of this year. It will be but reasonable to expect that a medical school and a rival journal will in due course follow. We wish our new cotemporary all the success its merits may deserve.

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The Peninsular and Independent Medical Journal.—In the March number of this Journal, we are sorry to find the Valedictories of the Editors and Publishers. The latter state "that when induced to undertake the publication of the consolidated Journals, two years ago, they hoped by effort, to make it at least self-supporting, if not remunerative.

"The results have proved contrary to these expectations, and the outlay the past year has been so much larger than the receipts, that we deem it unadvisable to continue its further publication."

FOREIGN INTELLIGENCE.

Condition of the Interior of the Eye as seen by the Ophthalmoscope in an Impaired Vision from Blows.—For several months Mr. Haynes Walton has submitted to a careful ophthalmoscopic examination every case that has presented itself to him of defective sight from a blow on the eyeball; and in all there have been marked physical changes that could be directly pointed to as disturbing sight. The fact is, so far as it goes, in opposition to the idea of concussion of the retina, by which was meant some functional derangement, to which the result of these accidents used to be attributed.

Lesion was noticed in all. In the majority, there was more or less detachment of the retina, probably from effusion of blood. The degree of loss of sight was in proportion to the area detached. Less frequently, there was blood effused into the vitreous body. Once the lens was partially displaced backwards, but retained its transparency. The detachment of the retina is, of course, irremediable; effusion into the vitreous body admits of recovery in a remarkable degree; and, even where there has been so much effusion as to prevent illumination of the eye, perfect vision may be restored. This shows how useless it would have been in any of these cases to institute the routine of a mercurial course, which certainly would have been resorted to prior to the ophthalmoscope.

Very few of the patients were submitted to any treatment, because of the lapse of time between receiving the injury and their application at the hospital. Mr. Walton's plan of treatment, in any recent case in which there is diminution of sight, or pain, attendant on the accident, consists in rest of the eye, and cessation from all activity of the body, the local application of cold, and, if there be very much pain, of opiates, and perhaps even leeching, or cupping to the temple. With this he enjoins regulations of a general kind as regards diet, the avoidance of stimulants, etc.

Wounds and blows about the forehead and circumference of the orbit, which do not touch the eyeball, may be followed by blindness; and many theories have been advanced to account for this. It has been supposed that the nutrition of the eye has suffered through some injury to the branches of the fifth nerve. Mr. Walton suspects that here the eye suffers from the same lesions as in direct injury, although, up to the present time, he has had but one opportunity of making an examination.

A workman, in middle age, was severely struck on his forehead, just over the left eyebrow, six years ago; and quickly lost all useful sight. He could not exactly say how quickly it went, as his memory did not serve him; but it was a direct consequence, and, when the swelling of the brow and the ecchymosis had passed away, the eye was useless. It would be difficult to name any method of treatment that had not been tried; for the man had been to most of the general hospitals in London, and to several of the special ones. He could not read type of any size, but could just count

his fingers when they were held up against the light. There was no objective symptom whatever; and therefore it was impossible, from a mere external survey of the eye, to say what was at fault. Mr. Walton directed the pupil to be dilated, and then used the ophthalmoscope. Detachment of the retina was at once discernible in a cloudy whiteness at the fundus of the eye, instead of the natural bright red colour of the choroid. The focussing of the instrument, too, failed to show the optic disk, or any parts in detail; instead of these, there appeared the uneven white cloud with a few vessels, not very definite, in irregular arrangement. Here was, of course, an irremediable injury from the first; and far better would it have been for the patient, and more to the credit of surgery, had this been at once made out. —*British Med. Journ.*, Aug. 13th, 1859.

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Cephalotripsy without Traction versus the Cæsarian Operation.—M. Pajot, professor of clinical obstetricy at the Paris Faculty, has just substituted the former for the latter operation, in a case where, from rickets, the antero-posterior diameter measured but one inch and two-thirds. M. Pajot considers that the danger of cephalotripsy consists in the tractions which are generally made after the head is broken up, as points of bone easily tear the soft parts of the mother. He is in the habit of crushing as completely as possible, and then leaving the uterus to expel the fœtus by its contractions. This method is even carried out as regards the body of the child. In the present case the success was complete.—*Lancet*, April 21, 1860.

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Origin of Vaccine Virus.—M. Depaul, in a report to the French Academy, has carefully investigated the origin of vaccine virus. The questions he had to answer were: Is the cowpox a disease which has been spontaneously developed in the cow? Or is it the result of an accidental inoculation made with the discharge from the legs of the horse? Or, again, will these two diseases, independently the one of the other, produce a liquid which, when inoculated in the human subject, will preserve him from the smallpox? M. Depaul finds that the first of these hypotheses is the only probable one.—*Med. Times and Gaz.*, April 28th, 1860.

Acupressure for the Arrest of Hemorrhage.—At a late meeting (April 24th, 1860) of the Royal Med. and Chirurg. Society, Mr. Syme, of Edinburgh, in reply to a question by Mr. Henry Thompson, said that acupressure was not, in his opinion, calculated to improve the practice of surgery. In the first place, he did not think the objections alleged against the ligature were fully justified; in the second place, if the ligature were objectionable they had a better substitute for it in torsion than in the needle process; thirdly, he thought the needle process was hardly practicable, and in some cases not practicable at all. It had been said by the proposer of the method that the ligature would occasion gangrene. That simply showed that the individual who proposed it did not know the meaning of surgical language. As to ligatures causing irritation, that assertion was not true. He had repeatedly tied the femoral, and left the wound to heal by first intention, there being only a few drops of matter, and in one case not a drop, showing that the ligature was not the cause of irritation. He had given up the practice of cutting away one thread, always preserved both; and he regarded ligatures rather as useful assistants than as obstacles. After amputation, the great impediment to union by the first intention was the presence of blood, which coagulated, and led to the formation of abscess. The ligatures prevented this, made way for the discharge, and did good rather than harm. But if ligatures were sometimes objectionable, the process of torsion was a convenient substitute, the success of which he had repeatedly seen. As to acupressure, it could very rarely be employed; and his only surprise was that any practical surgeon should have given it two thoughts. It was a tub thrown out to amuse the whale, more especially to feed the whale, and would never have been heard of had it not been brought under the notice of the profession by a medical journal published in London, understood to be under the control of the proposer.

Mr. Spencer Wells said he should not notice the personalities with which Mr. Syme concluded his speech; but with regard to acupressure he thought it but just to say that he had employed that method in a case of Pirogoff's amputation at the ankle-joint, in which the needle was fairly pitted against the ligature. The anterior

tibial artery was compressed by the needle, and a plantar branch of the posterior tibial was tied by a ligature. The superiority of the needle was most marked. In forty-eight hours Mr. Adams, whose case it was, removed the needle, and there was no more trouble about it. The ligature remained some five or six days afterwards, setting up suppuration in its track, and keeping open the wound in the manner which Mr. Syme appeared to think so favourable (the patient thought otherwise), but which certainly delayed the cure. The case would have been better treated if it had been easy to compress the posterior tibial artery in the same manner as the anterior tibial, if he had not to learn the A B C of acupressure, as all must do. There might be many cases in which the needle is not applicable; but he believed if he had known then what he had learned since, he might have been able to compress the plantar artery as easily as the other. So far from the introduction of acupressure exhibiting any want of surgical knowledge on the part of the gentleman who proposed it, he believed it to be one of the many gifts, including the introduction of chloroform, for which surgery is indebted to that great man. Mr. Wells further expressed his conviction that acupressure will prove a most useful means of suppressing hemorrhage, and he had learned its utility in compressing varicose veins. He believed also that it will hereafter supersede the ligature in the treatment of aneurism. With regard to the effect of the ligature upon the ends of divided arteries, every surgeon knew that the part of the artery beyond the ligature must be killed by it, and that a piece of sloughy tissue cannot do any good when confined amid the living tissues of the body, however useful Mr. Syme might consider it to be.—*Med. Times and Gaz.*, May 5, 1860.

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Quinine and Digitalis.—M. Seyre confirms, from a successful trial in his own case, the accounts given some time ago by M. Debout of the great utility of a combination of digitalis and quinine in the treatment of migraine. Sulphate of quinine, forty-five grains; powder of digitalis, twenty-two grains; syrup, sufficient to make thirty pills. One of these is to be taken every night for at least three months, their first effect being seemingly to augment the severity of the affection.—*Ibid.*, May 12, 1860, from *Bull. de Thérap.*

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Tincture of Iodine in Phlebitis Externa.—In this paper Dr. Sröer, of the Marien Hospital, St. Petersburg, gives an account of the great advantage he has derived in cases of *phlebitis externa* from applying the pure tincture of iodine over the inflamed lines of veins, extending it to an inch or two on either side. The application should be made in a very thorough manner, so as to lead to the penetration of the tincture as much as possible; and at first it should be repeated every two or three hours. He has in numerous cases met with a surprising amount of success, extensive venous inflammation extending on to the axilla or inguinal region, giving way. He cites cases of phlebitis produced by venesection, abscess, phlegmon, etc., which in this way have been effectually and rapidly cured.—*Ibid.*, from *Med. Zeitzung Russ.*, 1859, No. 20.

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Chloroform in the Reduction of Prolapsus Ani in Children.—Dr. Gunther, alluding to cases of prolapsus in children, in which a large portion of the gut descends, and is, on account of the resistance of the child and the tenesmus, retained with difficulty, and kept up with still greater difficulty, points out the advantage which attends, under these circumstances, the administration of chloroform. If sufficient air be admitted into the room, and ammonia and cold water be at hand, there is no danger to be feared from the induction of the anæsthesia.—*Ibid.*, from *Varges Zeitschrift*, bd. xii.

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Losses sustained by Armies.—M. Meyne, a surgeon in a Belgian regiment of artillery, in a recent work on medical statistics, makes some interesting statements upon this point. He says that an army of 100,000 men, by the sole fact of having entered on a campaign, *i. e.*, leaving out the influence of epidemics and battles, will have 10,000 men in hospital. At the end of some months, if there has been engagements, and the number of patients increase, as is usual, we must count upon a third being placed out of service by disease. During the first fifteen years of the occupation of Algeria by the French, one-eleventh part of the forces were carried off by disease, and a 265th part only by casualties of war, *i. e.*, 23 times as many.

Of the 115,000 Russian soldiers who invaded Turkey in 1828–9, but from 10,000 to 15,000 repassed the Pruth, the rest succumbing to fever, dysentery, and pestilence. During the Peninsular wars, of 25,000 French, 3,000 perished on the road from Bayonne to Lisbon either from fatigue or the scorching sun of 1808. The English army, during a period of forty-one months, of an effective force of 61,500 combatants, lost 21,930 by disease, and only 8,889 by the casualties of war. The losses of the French during the Crimean war were 16,000 deaths by the accidents of war, and 53,000 by disease, *i. e.*, 16 to 53; and the proportions were much the same for the Sardinians and the English.

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Case of Opium-Eating.—Dr. Kozieradzki relates a remarkable case he was called to A lady, aged 30, had been treated, when thirteen years old, for a painful affection of the heart, by abundant bloodletting and other antiphlogistic measures without relief. She only obtained ease by taking opium, which from doses of $\frac{1}{8}$ grain was gradually increased in quantity to 30 grains, so that at last 200 grains were taken daily. Besides the opium, the bleedings were continued, having been repeated fifty times in the course of twenty years. After a while, epileptic attacks were conjoined to the cardiac affection. During the latter years she had kept on increasing the dose, and had substituted the acetate of morphia for crude opium, taking four grains several times a day, so as to consume an ounce of morphia. These facts were stated to the reporter by her friends, and he saw her take two of the four-grain doses of the acetate. She had a prematurely-old appearance, was deaf of one ear, and had lost almost all her teeth. The menses were scanty; but her sleep, appetite, and all the evacuations were normal. She at last found the obstacles to procuring the morphia so considerable, that she had to pass twenty-four hours amid cardiac pains and faintings without opium; and when next day her ordinary four-grain dose was brought her, she was seized with a convulsive attack, and died. The editor refers to the case of a physician who took a scruple of opium at a dose daily for many years on account of cardialgia.—*Med. Times and Gaz.*, May 5, from *Med. Zeit. Russlands*, 1859, No. 25.

Solubility of Quinine.—M. Calloud, of Chambéry, as the result of his investigation as to the substances best calculated to aid the solution of the sulphate of quinine, has come to the conclusion that this is remarkably favoured by sal-ammoniac, nitrate of potass, or chloride of sodium, and especially by sal-ammoniac.—*Ibid.*, from *Bull. de Thérap.*

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Adjudgment of the Prizes of the Academy of Sciences for 1859.—The Montyon Prize for Experimental Physiology (Committee: MM. Flourens, Milne-Edwards, Rayer, Serres, and Claude Bernard, reporter), has been adjudged to M. Pasteur for his "Researches on Fermentations," viz., those of alcohol, lactic acid, and tartaric acid. "M. Pasteur regards the chemical phenomena of fermentations as always correlative with the vital phenomena of organization and development which take place at the same time in the organized ferments which possess the property of exciting them. The committee is of opinion that in thus pursuing the physiological study of ferments in the direction chosen by the author, a new light may be thrown on a series of organic fermentations related to the phenomena of nutrition and histogenesis." Honourable mention is also accorded to M. Ollier, for his Experiments on Transplantation of the Periosteum. 2. The Montyon Prize for Medicine and Surgery. (Committee: MM. Serres, Velpeau, Rayer, Jobert, Cloquet, Andral, Duméril, Flourens, and Claude Bernard, reporter.) "The memoirs and works sent in to compete for the prize are placed in two categories. Those are reserved for the prize only which indicate a discovery of importance, or the introduction of a new fact into science; while honourable mentions only are accorded to those works which, without accomplishing the objects just named, yet contain researches that are of utility to medicine and surgery, because they contribute to the perfection of practice, or present new solutions of theoretical questions not yet decided. This year the committee has not been able to award the prize, but makes the following honourable mentions:" (1.) A mention, with 1500 francs, of M. Behier's "Studies on Puerperal Fever." "Physician to the obstetrical department of one of the large hospitals of Paris, M. Behier has collected 1200 cases of puerperal fever, 85 terminating fatally.

In all but one of these cases, he has found uterine lesion, consisting in suppurative phlebitis either of the periuterine veins or of the veins constituting a species of erectile tissue of the cervix uteri. In his opinion, the disease is primarily a local condition setting out from the morbid uterus, and becoming generalized by the veins in the form of purulent infection, this, in severe cases, constituting the essence of the affection. He has also indicated an important point in diagnosis, hitherto unperceived, viz., the existence of a painful swelling of the uterine appendages in women, who then appearing to ail but little, yet afterwards will exhibit serious symptoms. This sign, present when there is neither fever or other symptom of consequence, is of great utility in at once indicating to the practitioner the mode of treatment he should employ." (2.) A similar mention and sum have been accorded to M. Gallois, for his Researches on Oxalate of Lime in the Urine and in Urinary Sediments and Calculi. "It results from M. Gallois's observations that the excretion of oxalic acid considered by various authors as a special morbid condition, and denoted by the term *oxaluria*, is really a morbid phenomenon which may be observed in a great number of affections. It is observed oftenest in dyspepsia, spermatorrhœa, and affections of the spinal marrow; and it is by no means uncommon to find in urinary sediments crystals of oxalate of lime in phthisis, in chronic rheumatism, and in gout, although uric acid is that oftenest found in the urine in this last affection. Comparing a large number of analyses of urinary concretions, M. Gallois has remarked that the oxalate is very frequently allied with uric acid or the urates; and this coincidence, which is also often met with in urinary sediments, has led him to believe that oxaluria is sometimes due to a modification of the morbid dispositions which lead to the excretion of crystallized uric acid. He has also demonstrated the important facts, that the best mode of terminating the excretion of oxalic acid is to administer alkaline mineral waters." (3.) M. Giraud-Teulon's work on "the Principles of Animal Mechanics," in which an elaborate investigation of the various questions of animal mechanics is entered into, has met with the same reward. (4.) Professor Luschka, of Tubingen, has published an important work on "the Semi-diarthroses (*Halbgelenke*) of the Human Body." "It is a work on human anatomy, executed with very great care. The author observes that the semi-diarthroses are met with on the mesial line, viz., those of the spinal column, the pubis, the junction of the first piece of the sternum, etc. He examines the mode of development of each of these joints, and elucidates, by means of numerous microscopical observations, various obscure points with respect to the structure of ligament, fibro-cartilage, and the synovial membranes. He has described with greater care than any of his predecessors the ligamentous bands of the sacro-coccygeal and the costo-vertebral articulations; and he has made known a disease of the articulations of the bodies of the vertebræ, which does not seem to have been previously indicated, and which consists in small, lobulated tumours which spread from the middle of the posterior surface of the articulation of the body of the vertebræ into the spinal canal. Considering it as an excellent anatomical monograph, the Committee awards the mention with 1500 francs." (5) The same has been decreed to M. Le Gendre for his work on "Some Rare Varieties of Inguinal Hernia;" and (6.) to M. Marcé, for his work on "Puerperal Insanity." The Bréant Prize (Committee: MM. Andral, Velpeau, C. Bernard, Cloquet, Jobert, and Serres, reporter) for a discovery of a cure for cholera still remains unadjudged, notwithstanding the claims of fourteen competitors. "The great bulk of the memoirs are simple letters containing medicinal formulæ, all, according to their authors, infallible remedies, and all destitute of practical observations or rational deductions."

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Obituary Record.—Died at Stockholm, on the 18th of April, 1860, after a few days' illness, Andreas Retzius, Professor of Anatomy and Physiology in the Royal Carolinian Institution, in the sixty-fourth year of his age. Sweden has lost in him one of its most honoured men. As an investigator, he had the good fortune of seeing all his numerous discoveries included in the system of science, and as a teacher few equalled him in the fervent interest with which he watched over the progress of his pupils, and in the bold, clear, vivid originality of his instruction and diction.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Good Effects of Blisters in Wrist-drop from Saturnine Disease.—We have frequently observed, at St. Bartholomew's Hospital, in patients under the care of Dr. Farre, the good effects, in chronic rheumatism, of blistering the joints, combined with other and constitutional treatment. In most of these cases the relief to the pain is very great, but it is necessary to repeat the blistering to render its results the more permanent. We might cite several examples in illustration; but our desire is to draw attention to the same plan of treatment in wrist-drop from lead poisoning, especially as its immediate benefits are very decided. A man was admitted into the hospital with complete loss of power in the extensors of both hands from the causes mentioned. Dr. Farre ordered (besides internal treatment) a blister to be applied to the back of one hand and arm, and iodine ointment to the other. The rising of the blister had the effect of immediately permitting the patient to use the fingers of that hand with considerable increase of power, whilst no effects were produced upon the hand which had the ointment applied to it. The latter was discontinued, and a blister substituted with an effect similar to that in the other hand. Notwithstanding this speedy result, however, Dr. Farre observes that sometimes the iodine is more successful than blisters. The value of blisters in such cases is undoubted.—*Lancet*, May 19, 1860.

Bicarbonate and Nitrate of Potass in Rheumatism.—The good effects of the bicarbonate of potass in rheumatism have been proved to be of the most valuable character, and it is now constantly prescribed. The benefit is more apparent when the symptoms

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are acute, but is also observable in chronic instances of the complaint. In some of the latter, however, it is not well marked, and some other remedy must be relied upon, such as another salt of potass, the nitrate for example, long celebrated for its curative powers in rheumatism. We examined a female, forty-one years of age, on the 8th of February, who had been admitted into University College Hospital under Dr. Parkes' care, some three weeks previously, with a rather sharp attack of subacute rheumatism, affecting the joints of the body generally. For this she was carried into the ward and placed in bed. This was her seventh attack, and the disease had to some extent become chronic. There was a strong mitral regurgitant murmur, but no other indication of cardiac mischief. She was treated by the bicarbonate of potass for some days with benefit. This was then discontinued, and recourse was had to the nitrate of potass, with the effect of removing the general severity of the symptoms, and at the present time she is much improved in every way. Dr. Parkes observed that the bicarbonate was not, perhaps, so useful in the subacute or chronic forms of rheumatism as in the decidedly acute examples of the disease. It is quite probable that this patient may have been previously treated by this salt of potass, with good results, in some of her previous attacks, and this might account for its proving now of but partial benefit.—*Ibid.*

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Sulphate of Cinchonia as an Antiperiodic.—M. Nonat, physician to the Charité Hospital of Paris, instituted, a short time since, experiments to ascertain the value of this salt in ague. He gave the remedy in severe cases, also in some which had been marked with relapses, and where the spleen had attained a large size. The doses varied from twelve to fifteen grains per diem; the time taken up by the treatment being from eighteen to twenty days, and the amount of the salt consumed in each case ranging from about three to six drachms. The result of these experiments can be shortly stated to be that the sulphate of cinchonia really possesses febrifuge properties; but that being weaker than the disulphate of quinia, it should be given in larger doses than the latter. When the sulphate of cinchonia fails, it should be combined with, or entirely superseded by, the sulphate of quinia. The former salt should never be used in the pernicious intermittents.—*Ibid.*, June 9, 1860.

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Paralysis of Portion of the Forearm from a Wound of the External Musculo-Cutaneous Nerve in Venesection.—A sister of charity, thirty-eight years old, was bled two years ago in the left arm, the median cephalic being opened. At the time of the operation she felt severe pain, which lasted more or less for fifteen months. At the end of this period symptoms of paralysis were observed, this being principally seated in the thumb, the index, middle finger, and the ball of the thumb, the ring and little finger being free. The case has been brought before the Surgical Society of Paris, by M. Vinatier, who had endeavoured to allay the pain by subcutaneous injection of atropia, and to control the paralysis by electricity. M. Robert, who has brought in a report upon the case, thinks that the spot where the nerve was punctured should be destroyed by chloride of zinc, and a general tonic treatment tried. Various cases of the same kind were mentioned by members of the Society, in which narcotics had allayed the neuralgia, and removed the paralysis.—*Ibid.*

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Popliteal Aneurism; Digital Compression; Coagulation obtained in less than forty-eight Hours.—The *Gazette des Hôpitaux* publishes the following case: A man, forty-eight years of age, was admitted on the 11th May into the Hôtel Dieu, under the care of M. Laugier, with popliteal aneurism of the size of a turkey's egg. He was subjected to digital compression of the main trunk for seventy-two hours without interruption. The first twelve hours caused in the tumour concentric indurations depending on the formation of clots. After forty-eight hours the tumour was almost universally hard; and from the seventy-second hour, compression, instead of being continuous, was carried on intermittently every quarter of an hour. After eighty hours, only a slight pulsation at the upper part of the tumour was felt, without any expansion; it was very hard, and seemed quite solid.

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Anterior half of the Tongue nearly bitten off.—A case of a somewhat unusual injury to the tongue was admitted into the Royal

Free Hospital on the 3d of March. The subject of it, a young man twenty years of age, was standing with his tongue out of his mouth near the end of a cart, when the vehicle, suddenly tilting, came in such violent contact with his chin as to cause the teeth to close upon the tongue, whereby the whole anterior half of it was nearly bitten off. When brought into the hospital, the bitten part was hanging, as it were, by a mere shred; and, hopeless as it seemed, an effort was made by Mr. Gant to save it. After arresting the hemorrhage, which had been most profuse and very difficult to stop, three interrupted sutures were applied above and three below, the separated parts of the organ being adjusted as neatly as possible. Some little inflammation and swelling followed, as was anticipated; but when we were first shown the case on the 5th of March, union by the first intention seemed to be pretty general. Subsequently, a firm connection appeared to be established, and the man was discharged well; but there was not the same perfect sensation on the right as on the left side of the organ. It was on the latter that complete separation had not ensued at the time of the accident. This case is a practical illustration of how much may be done to save parts in very bad and apparently almost hopeless cases. —*Lancet*, May 19.

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Treatment of Fractured Patella by Malgaigne's Hooks.—There are many surgeons who deny that fracture of the patella ever heals by bony union, and they assert that it is always ligamentous. An examination of specimens in our museums, as well as a reference to the record of many cases in our "Mirror," will prove that firm ossific union is not unfrequently brought about. Two cases of the kind have recently occurred at the above hospital, under the care of Mr. Mitchell Henry, wherein this desirable result was produced by the employment of Malgaigne's double inverted hooked instrument, a representation of which is given in Druitt's "Surgeons' Vade-Mecum." The first of the two cases has gone out with solid union. The second, still in hospital, is a female, aged forty-seven, admitted on March 18th for a transverse fracture of the patella, occurring the day before in her right leg. The clamps were kept on for upwards of three weeks, when the broken patella was found to be perfectly united in a solid manner, without any groove or intermission to mark the site of the fracture. No inconvenience was produced by the instrument beyond slight suppuration round one of the hooks on the twenty-third day. This is a result but seldom witnessed, for we have seen the hooks in use for many weeks in Malgaigne's wards in Paris without such an occurrence. The most perfect and close apposition can be obtained by these hooks or clamps, as they are called, and, if carefully applied, no inconvenience is complained of by the patients. The woman under treatment expressed herself as very comfortable in every way. The form of fracture most applicable for this instrument is the transverse, one that is not very amenable to the ordinary methods of treatment.—*Ibid.*

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LECTURE.

Lecture on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By Athol Johnson, Esq., Surgeon to the Hospital.

Lecture II. (continued).

II.—Injuries and Accidents.—The second division of surgical affection consists of accidents or injuries. Children are, of course exposed to almost every accident which can befall an adult. There are some forms, however, to which they are either unusually liable, or the consequences of which present certain distinctive points for observation and treatment. Amongst the first, I may briefly draw your attention to the great fondness on the part of children for introducing foreign bodies into the different mucous passages. When these are taken into the mouth and swallowed, it is to the art of the physician that recourse is usually had; but should they unfortunately pass into the windpipe, surgical aid often becomes necessary, and the operation of tracheotomy may be called for.

Foreign Bodies in the Nose and Ears. The main regions, however, which young England selects as repositories for its miscellaneous articles, are the nose and the ear. In the former, you will constantly find beans, peas, shells, cherry-stones, and wood-shavings; but the favourite article, according to my experience, is buttons. Any of these substances may remain lodged

for a considerable time, and undergo, of course, a certain amount of change in themselves, in addition to the inflammation or ulceration of the passages, to which they may at last give rise. Buttons, for instance, may become corroded; peas may swell out, from the heat and moisture to which they are exposed; and, in the fifteenth volume of the *Journal de Médecine*, you will find an account of a haricot bean which is said to have germinated in the nose and pushed out some ten or a dozen roots. Without absolutely denying this fact, we may perhaps be permitted not to believe it.

The practical points, however, for the surgeon are, the necessity, in cases of obstinate discharge from one nostril in children, of making a careful examination of the parts; for it often happens that the child, it may be from forgetfulness, or more probably from fear of punishment by the parents or dread of pain in the extraction, omits to mention anything about a foreign body having been introduced, and the case is brought to us as one of idiopathic discharge. In the removal, too, it is desirable to ascertain exactly the position, and, if possible, to get a clear view of the object; not to be hurriedly pushing at it in the dark, as is sometimes done, but clearing away any blood and mucus by syringing with plenty of water; then get the end of your probe, or of your narrow forceps, well behind the body, and so pull it forwards. It may be as well, perhaps, during the removal, to keep your patient's mouth shut, or else there may be an accident similar to one mentioned to me by Dr. West. In this case, a small shell was extracted from the nose; but unfortunately, at the moment of extraction, it slipped, and dropped into the mouth, which was wide open, when it was immediately swallowed. It is hardly necessary, on the other hand, for me to caution you against mistaking the pulpy thickening of the mucous membrane over the turbinated bones, which so often occurs in scrofulous children, for an extraneous substance, or to deprecate their forcible removal.

When foreign bodies are introduced into the external ear, they are usually at once removed, or, if allowed to remain, their presence is demonstrated by the inflammation which is set up. Occasionally, however, it happens, especially if the body is hard and smooth, that it may remain without much disturbance, and without its existence being known except to the child, by whom, too, it is probably soon forgotten. In this way, deafness of one ear may be produced, affecting only the side in which the extraneous substance is lodged. Very recently, a boy was brought to St. George's Hospital, who had been deaf of one ear for quite a twelvemonth, no cause being either assigned or known. Mr. Prescott Hewett found, on examining the ear, something which he took at first for an accumulation of wax, but which turned out to be a piece of nut-shell, which had been lying there all that time. The cause being removed, the deafness, I believe, soon vanished.

Fractures of the Bones, with which we may class separation of the epiphyses, constitute another form of injury which presents some important distinctive characters when occurring in children. As a general rule, fractures, properly so called, are not so frequent in children as in older people; principally, no doubt, in consequence of the proportionate excess of the *animal* over the *earthy* constituents, but partly also because children are not in general exposed to the same extent to external violence. Notwithstanding these advantages, fractures are by no means uncommon in early life; this is due, to a considerable degree, to the rickety condition of the bones so apt to occur then, and to the consequent alteration in their shape. M. Guersant, for instance, states (*Clinique des Hôpitaux des Enfants*, 6ième année, p. 28), that out of a mean of eighty cases a year of fractures in early life, he has found about one-third occur in rickety children. At the Hospital we do not profess to treat accidents, and consequently have comparatively few fractures carried here; but still cases like the following are occasionally brought under our notice.

A boy, of the name of Lawrence, four years of age, came to me as an out-patient, with general rickets and fracture of the upper part of one humerus, produced by some slight accident; before this had united, an equally slight accident caused fracture of the opposite arm, the separation in each case not being complete, the periosteum still connecting the broken extremities. To prevent him from undergoing a complete course of fractures, I thought it better to receive him into the Hospital, where the bones united perfectly but slowly. In another boy, too, of the name of Wentworth, eight years of age, in whom the rickety

condition of the bones had advanced so far that he had been unable to walk or even to stand for a very lengthened period before he came under my care, there had been fracture of both thighs one after the other. Professor Gibson, of Philadelphia, relates a case under his own observation, where a rickety boy experienced twenty-four fractures, all from slight causes, and all uniting without much difficulty. In the collection, too, of M. Esquirol, according to Cloquet (*Dict. de Médecine*, quoted in the article "Fracture," *Cyclopædia of Practical Surgery*), is the skeleton of a rachitic female presenting the traces of above two hundred fractures which appear to have been effected at different periods, judging from the nature of the varying amounts of consolidation.

Examples of these multiplied fractures occurring in rickety children, then, may often be met with, though they seldom show themselves before the appearance of curvature. The following interesting case is quoted from Malgaigne's work on *Fractures:* A boy, whose father was healthy, but the mother rickety, and who had himself been affected with rickets from early infancy, had a fall whilst playing, when six years of age, and the left humerus was fractured: the injury was unaccompanied with pain, and the bone united firmly in the course of a month. A year afterwards, whilst at play, he broke his *left* femur about the middle; consolidation took place in forty days. At the end of another three months, whilst leaning out of bed to pick up something, his *left* thigh-bone broke again, but in a different place; forty days sufficed for the union, but he had to take to crutches, owing to his general weakness. Arrived at the age of ten, one of his crutches slipped, he fell, and fractured his *right* thigh-bone; he was taken to the Hospital des Enfants, where M. Malgaigne saw him, and recognized the traces of the previous fractures; this one, which was transverse, like the others gave rise to scarcely any pain; and in forty days union had taken place.

This disposition to fracture in rickets—and rickets, according to M. Malgaigne, is perhaps the affection which predisposes the most to fractures—is due partly to the altered structure of the bone; but, besides this, the great weakness of the limbs, as well as of the whole body, in these cases, renders walking more difficult, falls more frequent; and, finally, the altered shape of the bone, which usually becomes curved, conduces to fracture, just as a bent stick is more easily broken than a straight one.

Fractures in young children, even in those not affected with rickets, usually present little deformity, owing to the periosteum not being completely separated; after the age of thirteen or fourteen, however, the periosteum tears more easily, and separation of the fragments becomes more common. Hence the breaking of a bone in early life has been compared to that of a stick, which preserves, at the point of rupture, some of its fibres uninjured. To obtain much benefit from this preservation of the periosteum, the broken parts ought to be kept at rest *at once*, or else complete separation may occur, and the deformity may be much increased. It is as well to be aware of this peculiarity, to avoid the odium of overlooking a fracture in a child in its ealy stage. I was sent for, for example, a short distance into the country to see a young gentleman who had been thrown from his pony. He had been examined on the spot by a physician of eminence, who could detect no fracture; and in fact the child could and did use his arm at first, so far as to remount his pony. By the time I arrived, the periosteum had become completely lacerated, and the fracture of the clavicle was well marked, one end riding over the other.

Where rickets is present, this absence of deformity, owing to the strength of the periosteal sheath, is even more marked; and even if deformity exist, it is apt to be confounded with the curvatures so common in this affection; there is little or no crepitation, owing to the softness of the bones; and, in fact, the main symptoms present are an unusual amount of flexibility and mobility at the part which is injured. If the fracture is not recognized, if no proper treatment be adopted, if the limb is allowed to be freely used, the symptoms in these cases also become more marked; the periosteum may be ruptured, riding of the fragments may occur, and even crepitation be noticed if the softening of the bone be not too far advanced.

As a general rule, in fractures occurring in children, the period required for surgical treatment is much less than in adults; occupying, perhaps, not more than one-half

the time; when, however, the case is complicated with rickets, the necessity for artificial support continues for a much longer period; but still, consolidation does occur, its rapidity being in an inverse ratio to the intensity of the rickets. With respect to the treatment, I have no particular remarks to offer, except to caution you to be very careful in padding the limb well, especially over any prominence of bone, before applying your splint or starched bandage; these, too, *need not*, and *should not*, be put on with unnecessary tightness, if you wish to avoid excoriations, sloughs, or gangrene, to which the delicate skin of the child is very liable. This caution is especially needed in rickets, where the ends of the bones are preternaturally prominent, and the soft parts over them unusually disposed to mortify. In fractures of the lower extremities, also, we should bear in mind the habits of young people with respect to passing the urine, etc., and use every care to protect the apparatus, as far as possible, by the use of oiled silk or other appropriate contrivances.

Incomplete Fracture. Occasionally it happens in children that the bone, instead of breaking, becomes bent or incompletely fractured, as may be seen in this clavicle, taken from a boy five years of age, who died from inflammation of the brain. The tendency to this form of injury may be said to date from birth, attaining its maximum about the second year, and almost ceasing at the age of twelve. The most important of the symptoms here is the deformity of the part, which may sometimes be very considerable; at the same time, there is complete absence of either mobility or crepitus, so that the fracture may be overlooked, the distortion attributed to the swelling of the soft parts. From the ordinary bending of the bones which occurs in rickets, it may be distinguished by the absence of the general marks of that affection, and by its occurring immediately after an accident. In the preparation before you it will be seen that the incomplete fracture has occurred at the centre of the right clavicle, the bony laminæ at the under surface being broken through, whilst the upper surface is only partially fractured, and bent outwards.

The treatment of this injury, which principally affects the bones of the forearm or the leg, is generally simple; the bone being soft and yielding can almost always, by the employment of moderate force, be bent back to its original shape, and then secured on a splint according to the extent of the fracture. Even where the injury is of some standing, the deformity can in this way generally be relieved.

Separation of Epiphyses. The last form of injury of the bones to which I wish briefly to direct your attention, is traumatic separation of the epiphyses. Hippocrates is said to have made mention of this accident; Ambrose Paré treats of it; Reichel, exactly one hundred years ago, wrote a special treatise on the subject, and since then it has been described by numerous authors; but cases in which the exact nature of the injury has been shown after death are not, I believe, very common: in fact Delpech, in 1816, thought he could deny their real existence. That they do really occur, however, has been proved by actual dissection in, at least, the following situations: both ends of the humerus, the lower end of the radius, both ends of the femur, and both extremities of the tibia as well as of the fibula.

In the seventh volume of the *Archives de Médecine* will be found a case of intrauterine injury, in which the child presented at birth an open wound of the leg, through which projected the shaft or body of the tibia, which was completely torn away from the lower epiphysis. The infant died on the thirteenth day. In the *Clinique des Hôpitaux des Enfants* will be found some papers, by M. Alphonse Salmon, detailing a series of experiments at the Paris Foundling Hospital, where he fractured 125 arms, at or near the elbow-joint, in children varying from the age of one day to three years; the children, I need scarcely say, were not alive at the time. In these cases he found that up to the age of five months, separation of one or more of the epiphyses was very easily produced, occurring, indeed, much more frequently than either fracture or bending, in the proportion of 73 to 12, but above this age, the excess diminished rapidly.

In early infancy, then, at least, this accident is one that can be produced by external violence; and the same thing occurs at a later period, when, from the progress of age, the epiphyses have acquired a great amount of development, and up to the time when they become consolidated with the shaft.

Several cases of this injury are related in Malgaigne's work on *Fractures*, occurring in boys between the ages of eleven and fifteen; and in the Museum of St. George's Hospital will be found a preparation showing separation of the lower epiphysis of the femur in a lad 16 years of age, and another in which there was separation of the lower epiphyses both of the *femur* and *tibia*, as well as of the epiphysis at *each end* of the *fibula*, in a young man of 18. The accident in the latter case, necessitating immediate amputation of the thigh, was caused by the leg getting entangled in a rope which became twisted round it whilst the lad was in the act of jumping from a pier to the deck of a steamboat. Here, too, is a preparation with laceration of the inferior epiphysis of the radius, but the exact age of the patient in this case is not known.

It has been remarked that this accident is one that occurs specially in male subjects, and M. Malgaigne says that he knows of no instance occurring in a female in which, at least, the real nature of the accident has been satisfactorily proved.

It is no easy matter to distinguish this accident from fracture near the joint, with which it has, no doubt, been often confounded. Besides the age of the patient, the most characteristic sign would be the soft, dull kind of crepitus obtained as distinguished from the more harsh and rough crepitation met with when the bone itself is broken through, though even this is by no means conclusive. The treatment, fortunately, will be the same in both cases, so that no great harm will happen to the patient, even if a mistake should occur in the diagnosis; union taking place in this injury as readily as in fracture.—*British Medical Journal*, Jan. 21, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—This Association, our National Medical Congress, held its thirteenth annual session in New Haven, Conn., on the 5th, 6th, and 7th of June, 1860.

The chair was taken by the President, Dr. Henry Miller, of Kentucky, and the Association was welcomed to the hospitalities of the city by the venerable Dr. Jonathan Knight, one of the founders of the Association, on behalf of the Committee of Reception, and by Dr. Charles Hooker, on behalf of the Committee of Arrangements.

The retiring President, Dr. Miller, delivered, as customary, an address. The following officers were elected for the ensuing year:—

President.—Eli Ives, M. D., Conn.

Vice-Presidents.—Wilson Jewell, M. D., Pa.; A. B. Palmar, M. D., Mich.; R. D. Arnold, M. D., Geo.; Jos. N. McDowell, Mo.

Secretaries.—S. G. Hubbard, M. D., Conn.; H. A. Johnson, Ill.

Treasurer.—Caspar Wister, M. D., Pa.

At the previous meeting of the Association, it had been determined to divide the Association into five sections, viz: 1. On Anatomy and Physiology; 2. On Surgery; 3. On Practical Medicine and Obstetrics: 4. On Chemistry and Materia Medica, and 5th. On Meteorology, Medical Topography, Epidemic Diseases, Medical Jurisprudence, and Hygiene.

To carry out this plan, Dr. N. S. Davis offered the following resolutions, which were adopted:—

Resolved, That the general meetings of the Association after this day, shall be restricted to the morning sessions, and the afternoon sessions, commencing at 3 o'clock, shall be devoted to the hearing of papers and discussions in the several sections.

Resolved, That each section shall choose its own officers, and make its own rules of order.

Resolved, That all essays, voluntary communications and reports, except those of officers of the Association, reports of committees on medical education, medical literature, and prize essays, shall be first presented to the Association and referred to the appropriate section, in which they shall be examined and discussed; after which they shall be returned to the secretary of the Association, accompanied by an expression of opinion as to whether they are worthy of publication or not, and the secretary shall pass all such designated to be worthy directly to the Committee on Publication; and others not so designated shall be retained by the Secretary or returned to their authors, as the latter may indicate.

Reports were received from the Trea-

surer and Committee of Publication, which were referred to the Committee of Publication.

The Committee on Education made an elaborate report to which were appended the following preamble and resolutions:—

Whereas, It is the deliberate judgment of the American Medical Association, that the time has fairly come for the introduction of improvements into the present system of medical education, which shall elevate the existing standard of qualification for the Doctorate, and especially for securing and encouraging a higher degree of attainment in the science and of skill in the art of medicine than has been heretofore accessible to students in our country, and

Whereas, This body of American Physicians is regarded by our fraternity everywhere, as the acknowledged head and representative of the medical profession in the United States, and it is therefore looked to for prescribing the terms and qualifications of those who are henceforth to be admitted and recognized into our fellowship as brethren and equals in the profession; therefore,

Resolved, That it be hereafter regarded as an indispensable pre-requisite to enrolment as a student of medicine in the office of any regular physician, that the party shall be at least seventeen years of age, of good moral character and habits, and shall have received a good English, classical and mathematical education, and be able to read and translate the Latin language, and have an elementary knowledge of Greek, so far at least as to be able to trace the derivations from it to the English language.

Resolved, That this same requisite be made indispensable before matriculation in any regular medical college can be allowed, and that the faculty of such College, and the preceptor of such candidate for enrolment, be required to ascertain such qualification by actual examination, and to certify thereto.

Resolved, That the term of study in the office of a regular practitioner, including attendance upon lectures, be, and is hereby extended to four years, the last year to be mainly employed in receiving clinical instruction in medicine, surgery, and midwifery.

Resolved, That three full courses of lectures in a regularly incorporated college, or other body of lecturers recognized by the Association, be required of all candidates for the degree of Doctor of Medicine. Said candidate may be admitted to examination after three full years of study, on all the branches which they have been required to study, except clinical medicine, as above.

Resolved, That the period of instruction in every College be extended through the full term of nine months in each year, and that this time be divided into two sessions, the first to be chiefly occupied in instruction in the elementary branches only, and the latter to the practical and more complete branches. Those in attendance upon the former to constitute the junior class, and that upon the latter the senior. Not more than four lectures to be delivered on each day in either of the departments, and that each lecture be preceded by a recapitulation, in the form of question and answer of the lectures of the day before.

Resolved, That the number of professors in each college should be increased so as to bear some proportion to the largely increased number of branches, a knowledge of which is necessary. This increase to be made in addition to those holding clinical chairs.

Resolved, That the examination of all the students for matriculation, which admits them into the junior class, shall be repeated before their entrance into the senior class, either by the Faculty, or by examiners appointed by them for the purpose, who shall certify in the one case to the fulness of their preliminary education, and in the other to their improvement, under courses of instruction in the junior or elementary department. Admission to the senior class should be contingent upon this latter examination. Similar examinations should be required at the commencement of each session, as to the improvement made in the preceding term.

Resolved, That the final examination for graduation, if made by the Faculty, should be in the presence of each other, and should be witnessed and certified by a board or committee of equal numbers, to be appointed for the purpose by each State Society, within whose bounds any college may be located, or by the Faculty, and without whose approval the degree should not be conferred. Due notice to be given by the faculty, of time and place for the examination, and each candidate to be separately examined.

Resolved, That no medical college be re-

cognized by the American Medical Association to be complete in its organization, and prepared to furnish the requisite instruction, which does not either possess a hospital of its own, or which has not made arrangements with a hospital containing not less than 80 beds, for the students of the college receiving regular clinical instruction, before being licensed to practise.

Resolved, That the so-called "College Clinics," cannot in any useful or practical sense, be looked on as furnishing an adequate substitute for the clinical teaching required.

Resolved, That this Association regard with marked disapproval a practice which prevails with some of the faculties of the schools, viz: of examining those students who are candidates for a degree, before the expiration of the regular session, and while lectures are still in progress.

Resolved, That the titles of the several chairs in a school, as announced in its curriculum, ought to indicate a real teaching of the branches thus virtually promised to be taught, and not be assumed merely in conformity with further usage, or to gratify the temporary whim of a professor, to have an appendage to the title of his chair, while in the very next year he may abandon, and consent to its being appended to some other chair, or to its being omitted entirely in the next annual announcement. We may instance this, attaching physiology to anatomy, the latter being the substantive branch, and of itself taking up the whole time of the professor during the entire session, which is still too short for its legitimate purposes. Still more common and misleading is the appendage of diseases of women and children to midwifery and that of medical jurisprudence at one time to materia medica, at another to midwifery, and at a third to chemistry.

These resolutions gave rise to considerable discussion. The report was eventually accepted, and with the resolutions, was referred to the Committee of Publication. But it appears that no definite action was taken as to the adoption of the resolutions.

The Committee on Medical Literature presented a report which was referred to the Committee on Publication without being read.

The Committee on Prize Essays reported that they had received three essays, two of which had considerable merit, but not sufficient to be worthy in their opinion of a prize.

Dr. Lewis A. Sayre, of New York, read a report on Morbus Coxarius, which was referred to the surgical section.

Dr. H. P. Ayres presented a report on Education of Imbecile and Idiotic Children, which was referred to the appropriate section.

Several reports on special subjects, and voluntary communications were presented, and referred to the appropriate sections.

Some of the special committees reported progress, and asked to be continued, and a number made no response when called on for their reports.

The Committee of Conference appointed to confer with the Committee of Medical Teachers, made a report through their chairman, Dr. Shattuck, and offered several resolutions, which were amended, and then adopted as follows:—

Resolved, That it is the duty of medical colleges to require of every candidate for the degree of Doctor of Medicine, certificates of study during the full period of three years, under the direction of a regular practitioner of medicine, recognized by the American Medical Association, who shall certify, under his own hand, as to an attendance on two full courses of lectures, and no student shall attend a second course of lectures until a year shall have elapsed since the commencement of the first course.

Resolved, That every medical college shall keep a volume, in which every medical student presenting himself shall enter his name, his age, the period of his commencing the study of medicine, any diploma he may have received in evidence of previous education, with the name of the college or school from which he received such diploma; and the name of the preceptor with whom he has been studying.

Resolved, That hospital clinical instruction constitutes a necessary part of medical education, and every candidate should be required to have attended such instruction regularly for a period of not less than four months.

Resolved, That the professors of every medical college should recommend to their trustees, or board of managers, the adoption of a rule authorizing them to allow the attendance of two or three delegates, from the State Medical Society, at all examinations of candidates for the degree of the doctorate, and accord to these delegates a vote on the question of recommending such candidates for a degree.

Resolved, That every State society be recommended to choose proper delegates at its annual meeting, to attend the examination of candidates for the degree of M. D., at all the medical colleges within their respective States.

Resolved, That this Association will not recognize as a regular organization, any college which does not require evidence of suitable preliminary education from all applicants for collegiate medical instruction.

Resolved, That we commend the use of all proper efforts, by which the attention of persons of means and liberal disposition, as well as legislative bodies, shall be directed to the propriety of endowing such medical colleges, and professorships thereof, as shall be recognized by the Association.

Resolved, That this Association recognize as a regularly organized medical college, one which has been represented at any meeting of this Association, and which complies with the preceding rules and directions.

The following standing committees were appointed:—

Committee of Arrangements.—N. S. Davis, Ill.; G. W. Freer, Ill; De Laskie Willon, Ill.; E. Andrews, Ill.; H. W. Jones, Ill.; Thos. Bevans, Ill.; J. Bloodgood, Ill.

Committee on Prize Essays.—Dan'l Brainard. Ill.; D. L. McGuigan, Iowa; M. L. Linton, Mo.; Jno. Evans, Ill.; A. L. McArthur, Ill.

Committee on Publication.—F. G. Smith, Pa.; Caspar Wister, Pa.; S. C. Hubbard, Conn.; R. J. Breckenridge, Ky; Edward Hartshorne, Pa.; H. F. Askew, Del.

Committee on Medical Literature.—Frank H. Hamilton, N. Y.; Edward Warren, Md.; Chas. A. Lee, N. Y.; J. W. C. Ely, R. I.; E. H. Clark, Mass.

Committee on Medical Education.—Levin T. Joynes, Va.; Christopher C. Cox, Md.; J. C. Bradbury, Me.; L. H. Steiner, Md.; M. A. Pallen, Mo.

The usual number of special committees were also nominated.

It was proposed that the profession in this country should contribute to the erection of a memorial to John Hunter in Westminster Abbey, and the following resolutions were adopted:—

Resolved, That it be recommended to the different States to collect subscriptions of not more than one dollar each, from every regularly educated physician. All money so collected to be forwarded by the chairman of the committee hereby appointed, to the treasurer of the Hunter Medical Fund in London.

Resolved, That Drs. Henry J. Bowditch, Mass.; Amos Nourse, Maine; George B. Twitchell, N. H.; Charles Clark, Vt.; G. L. Collins, R. I.; Charles Hooker, Conn.; Henry D Bulkley, N. Y.; Wm. Elmer, N. J.; Jno. L. Atlee, Penn; James Couper, Del.; C. C. Cox, Md.; J. B. McCaw, Va.; Cornelius Boyle, D. C.; James H. Dickson, N. C.; H. R. Frost, S. C.; R. D. Arnold, Ga.; J. C. Nott, Ala.; G. A. Nott, La.; W. G. Williams, Mass.; C A. Page, Mo.; J. B. Lindsley, Tenn.; R. J. Breckenridge, Ky.; J. W. Russell, Ohio; A. B. Palmer, Michigan; Calvin West, Ind.; Patrick Gregg, Ill.; D. L. McGugin, Iowa; J. B. Douseman, Wis; D. W. Hand, Minn.; O. Harvey, Cal.; F. G. McSparack, Ark., be a committee to collect subscriptions.

A resolution was adopted to send a copy of the resolutions passed, to each medical school in the country.

A resolution was adopted, directing that a seal of the Association be given to every medical school in good standing, reserving the privilege of demanding the same upon sufficient evidence that the school had no longer claims to its possession.

The various proposals for altering the constitution, offered last year, were indefinitely postponed, and several new propositions, to be considered next year, were offered.

The several sections made their reports.

Votes of thanks were presented to the retiring officers, to the Faculty of Yale College, &c., and after the discussion of various matters which led to no definite action, the Association adjourned to meet in Chicago, Ill., on the first Tuesday of June, 1861.

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National Quarantine and Sanitary Convention.—This association held its fourth annual meeting in Boston on the 14th, 15th, and 16th of June.

The following officers were elected for the present year:—

President.—Jacob Bigelow, M. D., of Boston.

Vice-Presidents.—R. D. Arnold, M. D., Georgia; A. H. Stevens, M. D., New York; H. G. Clark, M. D., Boston; John F. Lamb, M. D., Penn.; Judson Gilman,

M. D., Md; Hon. Moses Bigelow, New Jersey; Hon. J. C. Knight, R. I.; Robert Thompson, M. D., Ohio; C. B. Guthrie, M. D., Tenn.; Thomas Stewardson, M. D., Penn.; Hon. Thomas Aspinwall, Boston; J. W. Houck, M. D., Baltimore.

Secretaries.—Calvin Ellis, M. D., Boston; J. B. Jones, M. D., New York; William Taylor, M. D., Penn.; Ald. David C. Dadd, Jr., New Jersey.

The following were appointed a business committee:—

Dr. John D. Griscom, New York; Dr. John Moriarty, of Mass.; Dr. Wilson Jewell, of Pa.; Dr. Judson Gilman, of Md.; Dr. John Jeffries, of Mass.; Dr. Edward Mead, of Ohio; Dr. E. M. Snow, of R. I.; Joseph M. Wightman, of Mass.; Dr. C. B. Guthrie, of Tenn.; Dr. L. A. Sayre, of N. Y.; Dr. John F. Lamb, of Pa.; Dr. Lewis W. Oakley, of N. J.; Prosper M. Wetmore, Esqr., of N. Y.

Reports were read—

On legal restrictions for the control of the sale of poisons and dangerous drugs, by Dr. C. B. Guthrie.

On the Utility of Wet Docks, in connection with Quarantine, by Dr. Alex. H. Stevens.

On External Hygiene, by Dr. A. N. Bell.

On Civic Cleanliness, and the Economical Disposition of the Refuse of Cities, by Lieut. E. L. Viele, of New York.

On Registration, by Dr. Snow, of Providence.

Communications were read—

On the Subject of Drainage of Cities, from Geo. B. Emerson, Esq.

On Steam or Dry Heat as a Disinfectant, by Dr. Harris, of New York.

The following resolutions, reported by the Business Committee, were adopted:—

1. *Resolved*, That the report of Dr. Guthrie, Chairman of the Committee on Poisons, &c., be published in the *Transactions* of this Convention, without the appendix.

2. *Resolved*, That this Convention deems it inexpedient to recommend any action by this Convention on the subject of the disease known as "pleuro-pneumonia," said to be prevalent among cattle.

3. *Resolved*, That the report on Civic Cleanliness be recommended to the Convention for adoption and publication in the *Transactions*, and that the Secretary be authorized to transmit a copy of the report, and a separate copy of the memorial appended thereto, to the authorities of every incorporated city in the United States.

4. *Resolved*, That the report of Dr. Snow on Registration be referred to the Convention for consideration, and recommended for adoption and publication in the *Transactions* of the Convention.

5. *Resolved*, That a committee be appointed to take into consideration the expediency of a permanent organization of this Convention, to be called the "American Sanitary Association," to report at the next meeting, and, if favourable thereto, to present a plan of organization.

Also—

1. *Resolved*, That the Committee recommend that the paper presented by Dr. E. Harris, of New York, "On Heat as a Disinfectant," be published in the *Transactions* of the Convention.

2. *Resolved*, That the Committee recommend to the Convention the passage of the resolution offered by Dr. Ordronaux, modified as follows: "*Resolved*, That a committee of five be appointed, to be called the Committee of State Medicine, whose duty it shall be to report to the next Convention such subjects of sanitary importance as in their judgment require investigation or legislation for their permanent improvement."

3. *Resolved*, That a committee of three be appointed to report upon the subject of vaccination, and the best method of obtaining its general application, especially in cities.

4. *Resolved*, That the Committee on the Nature and Causes of Malaria be discharged, and that the subject be referred to a new committee, to report to the next Convention.

Dr. Ordronaux offered the following resolution, which was adopted:—

Resolved, That a committee of five be appointed, to be called the Committee on *State* Medicine, whose duty it shall be to report to this Convention such subjects of sanitary reform as are not yet provided for by the standing committees, and also what legislation is necessary for their permanent advancement.

The following resolutions, offered by Dr. Jewell, were adopted:—

Whereas, At the last meeting of the Convention, after a learned and dispassionate discussion, the long-agitated question of the non-transmission of yellow fever from one person to another, was definitely settled;

in order to strengthen that decision, therefore

Resolved, That the action of the last Convention on the question of the non-contagiousness of yellow fever, to be found on page 45 of its *Transactions*, be and is hereby reaffirmed.

On motion of Mr. Charles Haswell, of New York, it was

Resolved, That the Committee on Civic Cleanliness be instructed to report a system of sewerage calculated to arrest the deposits therefrom from exposure to the air upon tidal surfaces, and that they be directed to adapt their recommendations to the different conditions of harbours and rivers having extensive or small tidal volumes.

On motion of Dr. Harris, it was

Resolved, That a committee of three be appointed by the Chair, to report to the next Sanitary Convention upon the utility and application of steam or dry heat for the purpose of disinfection.

On motion of Mr. Geo. H. Snelling, of Boston, it was

Resolved, That a committee of three be appointed to consider and report upon the best plan for such a division of the hours of labour among all classes of the community, as shall be promotive of health.

On motion of Mr. Elliot, of Boston, it was

Resolved, That a committee of five be appointed to report a uniform plan for maps of the physical geography of *cities* for statistical and sanitary purposes, with a view of obtaining the construction of such maps by the several municipal governments.

On motion of Dr. Grant, of New York, it was

Resolved, That this Convention, as one of the means of sanitary reform, urges upon the municipal authorities and boards of health of the several States to collect and carefully arrange complete statistics of births, marriages, and deaths, and also of disease, meteorology, and epidemics, except in cases where this work is provided for.

On motion of Gen. Wetmore, it was

Resolved, That the thanks of this Convention are due and hereby tendered to the city of Boston, for the noble-spirited hospitality and graceful courtesy extended by it to the members of this Convention during its present session.

On motion of Mr. Shannon, it was

Resolved, That the thanks of this Convention be and hereby are tendered to the several individuals, societies and institutions of the city of Boston, for their kind hospitalities to the members of this convention, individually and collectively, during its present session.

Votes of thanks were also presented to the President, Dr. Bigelow, the Secretary, Dr. Calvin Ellis, the Mechanics' Association, the directors of the public institutions of Boston, &c.

After a few words of farewell from Dr. Bigelow, the Convention adjourned to meet in Cincinnati on Wednesday of the last week in May, 1861.

The following is a list of the committees for the ensuing year:—

Committee on Dispensaries.—F. E. Mather, New York; Dr. H. Sinclair Ash, Philadelphia; Dr. Solomon D. Townsend, Boston; Dr. Judson Kimball, Baltimore; C. C. Savage, Brooklyn; Dr. J. B. Alley, Boston.

Committee on Permanent Organization.—Dr. Wilson Jewell, Philadelphia; Prosper M. Wetmore, New York; J. M. Wightman, Boston; Dr. J. H. Griscom, New York; Dr. C. B. Guthrie, Memphis, Tenn.

Committee on the Hours of Labour.—George H. Snelling, Boston; S. B. Halliday, New York; J. C. Knight, Providence.

Committee on Maps for Statistical and Sanitary Purposes.—E. B. Elliot, Boston; Lieut. E. L. Viele, New York; Dr. R. D. Arnold, Savannah; Dr. Ruschenberger, Philadelphia; Dr. J. B. Jones, Brooklyn.

Committee on External Hygiene.—Dr. A. N. Bell, Brooklyn; Dr. Elisha Harris, New York; Dr. Wilson Jewell, Philadelphia; Dr. R. D. Arnold, Savannah; Dr. H. G. Clark, Boston.

Committee on Civic Cleanliness. (Continued.)—Egbert L. Viele, New York; Charles H. Haswell, New York; Henry Guernsey, M. D., New York; E. M. Snow, M. D., Rhode Island; Otis Clapp, Boston; Henry Irwin, Virginia.

Committee on Mr. Snelling's Paper upon the Effects of the Climate of the United States.—Geo. H. Snelling, Boston; Dr. J. Curtis, Boston; Josiah Quincy, Jr., Boston.

Committee on Tenement Houses.—S. B. Halliday, New York; Dr. Josiah Curtis, Boston; Dr. W. B. Bibbins, New York; Dr. H. G. Clark, Boston.

Committee of Arrangements for the Ensuing Year.—Dr. Edward Mead, Cincinnati; Mayor Bishop, Cincinnati; Nicholas Longworth, Cincinnati; Dr. M. B. Wright, Cincinnati; R. B. Bowler, Cincinnati; J. M. Wightman, Boston; Wm. Taylor, Philadelphia; Dr. Judson Gilman, Baltimore; R. H. Shannon, New York; P. M. Wetmore, New York.

Committee to aid in carrying out Resolution 2d of the Committee on External Hygiene.—Gouv. Emerson, Penn.; Dr. Gunn, N. Y.; Dr. Snow, R. I.; Dr. Moriarty, Mass.; Dr. J. A. Nichols, N. J.; Dr. C. B. Guthrie, Tenn.; Dr. Thompson, Ohio; Dr. Kemp, Md.

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Association of Superintendents of Hospitals for the Insane.—This association held its annual meeting at the Continental Hotel in the city of Philadelphia on the 28th, 29th, 30th and 31st of May.

The following were the officers of the meeting:—

President.—Andw. McFarland, M. D.

Vice-President.—Thos. S. Kirkbride, M. D.

Secretary.—Jno. Curwen, M. D.

Treasurer.—Jno. S. Butler, M. D.

Papers were read from—

Dr. Edwd. Jarvis, On the Proper Arrangement of Institutions and Asylums for the Insane.

Dr. Harlow, On Inebriety as a Form of Disease.

Dr. McFarland, On Attendants in Hospitals for the Insane.

Dr. Ray, On Mental Hygiene.

Dr. Workman, On the Pathological Anatomy of General Paralysis.

Dr. Worthington, On a particular form of Insanity, for which the Term Congestive Mania has been proposed.

Dr. Curwen, On Amusements and Social Recreations, best adapted to Insane Hospital Treatment.

Rev. Dr. Adams, On Religious Services for Hospitals for the Insane, and on the Qualifications of their Chaplains.

The members of the Association visited the Pennsylvania Hospital for the Insane, and Friends' Asylum for Persons Deprived of the use of their Reason, and, after carefully examining their arrangements, were entertained by the superintendents of these institutions.

They also visited the department for the insane of the Philadelphia Hospital, Blockley (Almshouse), and various other public institutions.

Previous to adjournment, the following resolutiona were adopted by the Association:—

Whereas, this Association, during its present meeting in Philadelphia, has received from the boards of management, and from the officers of various public institutions, a renewal of the courtesies which attended its previous visits to this city; therefore

Resolved, That the members of this Association hereby testify their sincere appreciation of their civilities, and express their grateful acknowledgments to the managers of the Pennsylvania Hospital, and of the Friends' Asylum, for their munificent hospitalities and personal solicitude for their enjoyment; to the officers of the United States Mint, for their attention in showing them its varied and interesting processes; to Dr. S. W. Butler, of the department of the insane of the Philadelphia Almshouse; to the officers of the Academy of Natural Sciences; to Dr. Jos. Parrish, of the Training School for Feeble-minded Children at Media; to the medical faculty of the University of Pennsylvania, for their invitations to visit the several institutions under their care.

Resolved, That while we recognize in all the institutions for the care of the insane, which we have had the pleasure to visit, meritorious adaptations to their benevolent purposes, we deem it proper on the occasion of the recent opening of the new department for males of the Pennsylvania Hospital for the Insane, to express our unqualified admiration of its peculiar excellencies, and our high respect for the benevolence and enlightened public sentiment of the community, which has so liberally responded to the appeals of its managers for means to erect it.

Resolved, That while we discover in the department for the insane of the Philadelphia almshouse a material advance upon the late unhappy state of things, we are constrained to say, that the present means for taking care of the large number of the insane gathered there, and their consequent condition, are such as to demand the immediate and enlightened attention of the able board to whom these important and most responsible trusts are committed, and that we earnestly

recommend a thorough establishment of the hospital upon the basis of the propositions for the organization and government of institutions for the insane, already adopted and published by this Association.

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Medical Society of the State of Pennsylvania.—This society held its twelfth annual meeting in the city of Philadelphia on the 13th, 14th, and 15th of June, Dr. CONDIE, the president, in the chair. After the preliminary business was disposed of, Dr. Condie read an address on the subject of vaccination, for which a vote of thanks was voted by the Society, and a copy of the address solicited for publication.

The following reports and papers were read and referred to the Committee of Publication :—

Report from the Medical Society of Indiana County.

Report from the Perry County Medical Society.

Report On the subject of Meteorology, by Dr. Kennedy.

Report from the Bradford County Medical Society.

An Abstract of the Sanitary and Mortuary Report of the City of Philadelphia.

A paper by Dr. SCHNECK, On the State of Medical Affairs in Lebanon County.

A paper On that Peculiar Affection of the Prostate Gland characterized by a Mucous Discharge, simulating and often mistaken for Spermatorrhœa, to which the author gives the name of prostatorrhœa, by Prof. GROSS.

A paper On Medical Education by Dr. JOHN BELL, of Philadelphia.

Resolutions were adopted in favour of the establishment of an asylum for inebriates in the State of Pennsylvania.

The following officers were elected for the ensuing year :—

President.—EDWARD WALLACE, M. D., of Berks.

Vice-Presidents.—JOHN BELL, M. D., of Philadelphia; GEO. W. ALLISON, M. D., of Beaver; J. H. LANDIS, M. D., of Blair; G. W. LOTT, of Columbia.

Corresponding Sec.—JOS. CARSON, M. D., of Philadelphia.

Recording Secs.—J. T. CARPENTER, M. D., of Schuylkill; J. H. SMALTZ, of Philadelphia.

Treasurer.—R. P. THOMAS, M. D., of Philadelphia.

A committee was appointed consisting of Drs. Bell, Worthington, Condie, and Wallace, to petition the Legislature for the passage of a law more stringent in regard to the subject of criminal abortion.

After the passage of the usual vote of thanks to the officers, the Committee of Arrangements, &c., the Society adjourned to meet in Pittsburg on the second Wednesday in June, 1861.

—

Diagnostic Symptoms of Certain Wounds of the Chest.—Dr. JAS. A. DRAPER, of Camden, Del., relates in his inaugural essay for the degree of M. D., in the University of Pennsylvania, recently published (*Med. and Surg. Rep.*, April 14, 1860), an account of his experiments by vivisection, to test the value of the diagnostic symptoms of certain wounds of the chest. The following are his conclusions :—

1st. That the lung does not collapse immediately on an opening being made into the pleural cavity, unless the opening be larger than the glottis.

2d. That collapse, when it does occur, will take place in a time proportionate to the size of the opening.

3d. That collapse does not follow *wound of the lung*, unless the opening in the walls of the chest be of sufficient size to produce it.

4th. That profuse hemorrhage seldom follows wound of the lung.

5th. That pneumonia does not supervene upon wound of the lung unless there is a tendency to inflammation from other causes.

6th. That pleuritis is a rare result except as a local affection—that is, limited around the place of injury.

7th. That air does not cease to pass at the wound when the lungs are wounded.

8th. That uncomplicated wound of the lung will generally heal without suppuration.

—

University of Pennsylvania.—Dr. WILLIAM PEPPER has been elected to the Chair of Practice of Medicine in this school, rendered vacant by the resignation of Dr. Geo. B. Wood. Dr. Pepper is one of our most highly esteemed physicians; he was for a number of years one of the physicians of the Pennsylvania Hospital, where he acquired great reputation as a clinical lecturer. He has long enjoyed a very extensive private practice, and there can be no doubt that he will ably perform the duties of his appoint-

ment, and give a highly practical course of instruction.

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Obituary Record.—It is with extreme regret that we record the death of Dr. Chas. E. Isaacs, which took place in Brooklyn, on the 16th of June, 1860. Dr. Isaacs was a most zealous cultivator of our science, an excellent anatomist and microscopist, and a skilful physician.

FOREIGN INTELLIGENCE.

Source of Cow-pox.—"It is said that the source of cow-pox has been discovered almost by accident in the purulent matter of a disease to which horses are liable, and which is known here as water on the legs. One of these horses having been taken to the Veterinary College at Toulouse, the professor, M. Lafosse, recognized the malady as the source referred to by Jenner, caused a cow to be inoculated with the matter, and was rewarded by soon seeing the vaccine pustules. The produce of the latter has since been tried on several children, under the supervision of the medical officers of Toulouse, and the success is reported as complete. A commission has been appointed to follow out the subject, and it will be a fitting completion of the great work of our countryman Jenner if it should really appear that the source of vaccine indicated by him has been discovered by our neighbours, who hold his name in the highest rank of honour. Harvey, Jenner, and Bell are the three English gods of the temple of Æsculapius here."—*Med. Times and Gaz.*, June 16, 1860.

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Effect of the improvement of Firearms upon the numbers hit in battle.—Marshal Saxe used to say that to kill a soldier the man's weight of lead must be expended. This saying, though strange, has been verified in modern times, with all the improvements lately introduced. At the battle of Solferino, according to pretty acurate calculations, the Austrians fired 8,400,000 rounds. The loss of the French and Piedmontese is reckoned at 2000 killed, and 10,000 wounded. Each soldier hit has therefore cost 700 rounds, and every man killed 4200. Now, as the mean weight of balls is one ounce, 272 pounds of lead were used to kill a man, so that the old assertion of Marshal Saxe is still true.—*Journ. des Conn. Méd. Chirurg. et Gaz. Méd. de Lyon.*

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The Cure of Deafness.—*The Bulletin de Thérapeutique*, of the 30th April, contains a valuable article on the cure of deafnesa by Mdlle. Cléret. The remedy used by that lady, and which has been found very efficacious, is sulphuric ether, from four to eight drops of which are daily dropped into the ears of children, and double the quantity into the ears of adults. The manner in which Mdlle. Cléret thought of the ether, is as follows: Mdlle. Cléret, a private teacher in humble circumstances, had been deaf for several years, and to such an extent as to prevent her from following her calling, when by chance she discovered a remedy which cured her; and as her hearing improved, she thought of applying the same remedy upon two deaf and dumb children who were day scholars in her little establishment. She succeeded beyond her expectations, and forthwith devoted herself to the education of the poor little sufferers from deafness. With so much zeal and disinterestedness did she carry out her project, that the French Academy bestowed upon her the Montyon prize for "virtue and charity." As, however, she had sorely to struggle with the *res augusta domi*, Mdlle. Cléret wrote to the Minister of Public Instruction for assistance, so as to be enabled to go on with the treatment of the poor. The minister deputed M. Béhier, a physician of high standing in Paris, to make inquiries about the matter; and the latter was so struck with the results, that he requested that a committee should be appointed to test Mdlle. Cléret's method. This committee met for the first time in October, 1856; and examined, every three months, the state of the children put under treatment. These investigations were being carried on until lately, when the sudden change of fortune, and especially the attempts of a specialist to wrest her secret from her, drove the poor woman mad. And now that she has been declared incurable, the committee have been obliged to send in their report, which is satisfactory in many respects, though somewhat incomplete, from the sudden cessation of Mdlle. Cléret's labours.

—

Remarkable Death.—An investigation took place this week in reference to the

death of an unknown female, about fifty years of age, under the subjoined very singular circumstances. About one o'clock on Saturday afternoon last, a house-painter at work on the premises 39 Woburn Place, Russell Square, noticed the deceased sitting on the door-step of No. 38, with her head resting upon one hand and a basket of lace by her side. After the lapse of a quarter of an hour, he went to her, and, finding her pale, unable to speak, and apparently dying, he sought for a policeman. Within half an hour after the poor woman was first noticed to sit on the door-step she had expired. She was removed to University College Hospital, where a post-mortem examination, to ascertain the cause of death, was performed by Mr. Andrews, the resident medical officer, who discovered the cause of death to be from the piercing of a fish bone through the substance of the heart. He found eight wounds in the diaphragm and pericardium, through which, strange to say, the bone had passed before it reached the heart. On a rigid search he discovered the blunt end of a fish-bone, one inch and three-quarters in length, as sharp as a needle, protruding through the stomach, piercing the heart. The immediate cause of death was loss of blood. The coroner having remarked upon the singular nature of the case, the jury returned a verdict of "Accidental Death." —*Med. Times and Gaz.*, May 12, 1860.

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A Cancer not Cured.—Cancer-curers have too often tested the hollowness of the bubble reputation to do more than excite the indignant and prophetic ridicule of the profession by their much vaunted nostrums. The recent death of the Rev. Henry Erskine Head, from the spread of the cancerous affection of which he was the unhappy subject, affords a painful comment on the vain pretensions of a secret method of curing cancer announced some months since with dangerous prominence in the columns of the *Times*. For a moment Mr. Head was buoyed up by the belief that a temporary improvement in his condition, when under the treatment of the Rev. Mr. Reed, afforded just grounds for a hope of a permanent cure, which the more candid and experienced judgment of some eminent metropolitan surgeons unhappily forbade him to entertain. The improvement was, as expected, but of short duration. The cavernous ulceration extended from the pharynx to the roof of the mouth; during its progress he narrowly escaped death by hemorrhage from some large vessels—a characteristic danger of the mode of treatment to which he was subjected; and he died in aggravated suffering. The remedy to which he submitted proved to be no remedy at all. As other sufferers from this grievous malady have been induced, by the discussion raised on the subject, to pass through the same ordeal, it is at least due to all who have been or might be influenced by those delusive statements, that the fatal result of this sad case should be prominently placed before them. Once more, too, a voice should be raised to warn the uninitiated public of the grave suspicion which should always attach to secret medicines or nostrums of any kind, and especially to those which are introduced to the general public through the medium of the newspapers, before having been submitted to instructed professional criticism. —*Lancet*, June 16, 1860.

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Coloration of the Bones of the Fœtus by the Madder given to the Mother mixed with her Food.—M. Flourens communicated to the Academy of Sciences June 4th, 1860, the bones of a fœtus coloured by madder given to the mother with her food during the last forty-five days of gestation. Not only were the bones of the fœtus, but even the teeth were reddened; thus showing that the blood of the mother communicates so freely with that of the fœtus that the colouring principle of the madder is conveyed with the blood from the mother to the fœtus. —*Moniteur des Sci. Med.*, June 11, 1860.

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Cholera at Malaga.—An official notice has been issued by Lloyd's agent at Malaga, confirming the announcement of the presence of cholera there, and stating that that port, city, and neighbourhood have just been officially declared as infected with epidemic cholera morbus, and that the sanitary authorities have determined to issue foul bills of health to all vessels clearing out from Malaga during the prevalence of the epidemic.—*Lancet*, June 16, 1860.

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Royal Society.—Dr. Brown-Sequard has been elected a fellow of this society.

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Obituary Record.—Died in Edinburgh, May 21st, from an attack of apoplexy, Professor John Lizars, F. R. S. E.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Chronic Bronchitis and Emphysema.—Of the number and variety of affections of the pulmonary organs which constantly present themselves for treatment at our hospitals, perhaps there is none so distressing, and so difficult to relieve effectually, as the above complication. Chronic bronchitis alone requires much attention and care, but when interlobular emphysema is combined with it the disease is quite incurable, and our efforts can be at best but palliative. Although this double form of chest disease is one of the peculiarities of the aged who are subject to constant exposure, it is pretty commonly witnessed also in middle-aged and even younger persons; and in many instances wherein it is seen in apparently strong and vigorous individuals, the emphysema has been the primary affection, originating probably in rupture of the air-cells during forcible bodily efforts. To take a single example out of a number in illustration: A hitherto strong and robust man (Nathan N———), aged forty-four years, a gas-stoker, was lately admitted into St. Bartholomew's Hospital, under Dr. Farre's care, with extensive emphysema and chronic bronchitis, which he has had for nineteen years. The suffering from dyspnœa and shortness of breath during that long period, in a strong man, may be very readily imagined. Now, he was suffering from the consequences of this double malady; there was anasarca of the legs, body, and face; the prominent parts of his rounded back were swollen like puddings; the face was dusky, the lips blue, and the breathing very distressing. He was subject to epistaxis; the urine contained no albumen. In the treatment, attention was paid to the bowels; sinapisms were applied to the chest; cup-

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ping was resorted to between the shoulder-blades; he was ordered a mixture of decoction of senega, carbonate of ammonia, tincture of squills, and nitrous ether; and was besides put upon brandy. The improvement by treatment was but transitory, for he become moribund in the fourth week, and died shortly afterwards. As we learnt from Mr. Sprague, clinical clerk, there was strong pulsation in the external jugulars, and a systolic murmur of the heart, some days before death.

We might give many more illustrations of this malady, even in St. Bartholomew's Hospital alone, but the present is sufficient for our purpose. Sometimes powerful medicinal treatment will do much in removing the urgency of the symptoms, but it never cures. And this leads us to ask the question, whether some relief might not be afforded by tapping the lung through the parietes of the chest (as we do in cases of thoracic fluid effusions), for the purpose of letting a certain amount of air escape, and so reduce the great pressure constantly exerted by the distended lungs upon the heart and its bloodvessels. At any rate the suggestion is worthy of remembrance in desperate cases.—*Lancet*, July 7, 1860.

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Fracture of the Femur and Compound Fracture of the Leg and Ankle of the same Limb.—The question of amputation is one of some moment in cases wherein there may be a double fracture in the same limb. It has not met with any special attention in the more modern works of practical surgery, and its consideration was fully dwelt upon in a case recently admitted into University College Hospital, under Mr. Erichsen's care, of which the following are the particulars:—

A man sustained a severe compound fracture of the leg by a heavy flagstone falling upon it; the injury extended into the ankle-joint. A simple yet comminuted fracture was also present in the same limb at the middle of the thigh. The former necessarily demanded amputation. The question, however, arose as to where it should be performed, whether between the two fractures, or above the fracture in the thigh. Now, as this practical point had never been discussed, it became necessary to judge by the peculiar circumstances as they presented themselves. In some observations made to the pupils, Mr. Erichsen observed that when there is a compound fracture of the lower part of the leg, amputation is usually performed just above it. If the soft structures between the two fractures had been perfectly sound and not bruised, there would have been no reason against the performance of amputation between the two fractures. On examining the limb, however, the intervening soft structures were found to be unsound; there was a bruise in the popliteal space, and an extravasation of blood in the lower third of the thigh, extending downwards to the calf. This arose from laceration of some of the smaller vessels, and not of the main trunks, because there was pulsation in the posterior tibial artery. This condition materially influenced Mr. Erichsen's decision, and he accordingly amputated in the thigh higher up than the seat of fracture. The suspicion as to the state of the thigh was found to be correct after the operation; and the patient died from collapse and exhaustion a short time after, although but little blood was lost. This case was one particularly interesting to the surgeon from the question involved; for here was an injury in the leg which required amputation, and one in the thigh which did not, and yet it had to be performed above that which did not require it, because of the state of the intervening structures.

In April, 1859, there was a case somewhat like the foregoing in the same hospital. A man was admitted with a compound dislocation of the wrist-joint and a comminuted fracture of the lower end of the radius. It was necessary to amputate the arm. There was also some injury to the shoulder joint, extravasation of blood into the axilla, and simple dislocation of the head of the bone into the axilla; the latter had arrested the circulation through the limb. Mr. Erichsen reduced the dislocation, when the pulsation at once returned into the wrist, showing that the axillary artery was uninjured; and although there was extensive ecchymosis about the axilla with extravasation, still the intervening parts were healthy, and he amputated at the upper part of the forearm. The man completely recovered, and went out well. This case bears somewhat upon the other; but the question of amputation is solved by ascertaining the condition of the intervening parts.—*Ibid.*

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Extraction of Metallic Foreign Bodies when Implanted in the Tissues.—These

when small, as in the case of needles, fragments of needles, etc., which have entered the hand or foot, are sometimes extracted with great difficulty, the object, when deeply placed, slipping away from the forceps. In some cases, notwithstanding prolonged attempts, the object, although it can be plainly enough felt, gets thrust in deeper and deeper, a circumstance even of some danger when the pointed foreign body happens to be placed near a joint. In such a case M. Robert recently pursued the following procedure: A tenaculum was passed into the skin above the point where the foreign body was situated, and the integuments thus raised, were incised horizontally so as to form a small flap, by means of which every access was given for the performance of extraction, which was executed without exerting any pressure on the body. After the extraction the little flap was reapplied, and maintained by adhesive plaster.—*Med. Times and Gaz.*, Feb. 18, from *Bulletin de Thérop.*, T. lvi.

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Carcinoma of the Penis Requiring Amputation.—The rapidity with which epithelioma sometimes spreads, when it has once originated, is really astonishing. It resembles, in this respect, the enlargement of medullary disease, with this difference, that it does not attain to any great bulk. Its growth on the prepuce is generally moderate and slow; but an exception to this was recently witnessed in University College Hospital, in a case under the care of Mr. Erichsen. A man, thirty years of age, the subject of congenital phymosis, noticed a small, hard knob under the prepuce six weeks before his admission. It involved this membrane, and grew rapidly. The prepuce was slit up by a surgeon, who found it studded with these knobs. Since then, epithelioma developed very rapidly, and now it is studded with hard masses, of the size of cherry-stones; but the disease has implicated the anterior part of the penile organ itself. The patient looks sallow, cachectic, and thin, and has the appearance of a man of forty-five instead of thirty. There was no glandular enlargement anywhere, and Mr. Erichsen believed it best to remove the entire disease in the usual way —namely, by amputation.

There was no reason to suspect syphilitic disease in this case, because the patient is married, and seems a steady, sober man. It is interesting in relation to the question, whether phymosis was the cause of it; for, in the majority of instances, that peculiarity has preceded the development of the epithelial carcinoma. Mr. Erichsen remarked, on the authority of Mr. Travers, that epithelioma is unknown amongst the Jews. There is good reason to believe the local irritation of phymosis will produce it, as in other parts of the body. In a recent case at this hospital, the patient had phymosis, and the prepuce was slit up by the man himself. When affecting the prepuce, the disease spreads to the glans, and, when involving the latter, it readily extends to the organ itself. Amputation was performed whilst the patient was under the influence of chloroform, and a very large mass of disease was taken away. The patient is going on well.—*Lancet*, July 7, 1860.

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Impaired Sight Consequent upon Lightning.—H. N., a delicate-looking girl, aged twelve, was admitted on July 12, under the care of Mr. Dixon, with the statement that she could see but very imperfectly with the left eye. It appeared that three years before she had been dazzled by a very vivid flash of lightning, after which her eye inflamed. It remained weak for a time, but subsequently quite recovered. She attributed the relapse, which had occurred during the last week, to the effects of a vivid flash of lightning which she had seen during one of the then prevalent storms. On examination with the ophthalmoscope the humours were seen to be perfectly clear, but the retina itself was congested and slightly hazy; there was no intolerance of light, and the examination did not in the least distress her. The difference in transparency between the two retinæ was decided. As the child was delicate looking and had a feeble pulse, it was evident that tonics were indicated. She was ordered to take half-a grain of quinine three times a-day, and to have a blister behind the left ear. The blister was repeated at intervals of a fortnight three or four times. In October a second ophthalmoscopic examination was made, and although she could now see much better with the left eye, yet its retina presented a decidedly different degree of transparency from that shown in the right. The quinine mixture was continued until the following January; throughout she had been ordered a liberal diet, and perfect rest of the

eye, as regards reading and needlework, had been enjoined. On January 9 she was discharged, being now able to see nearly equally well with either eye.—*Med. Times and Gaz.*, Feb. 18, 1860.

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Deposit of Lead in an Ulcer of the Cornea. It is well known that lead lotions are not admissible in cases in which there is a solution of continuity of the surface of the cornea, whether it is produced by ulceration in the course of disease, or by an abrasion of the epithelium by accident. The lead lotion, as prepared generally, contains a good deal of lead in the form of the insoluble sulphate and chloride; and even if it were properly made with distilled water, the salts of the tears, etc., will rapidly precipitate it in the insoluble form. The nitrate of silver is liable to a similar objection. Being changed to the insoluble chloride, it becomes fixed, and is by the action of the light reduced to the oxide, and probably ultimately to a metallic state, occasioning a disagreeable permanent brown color of the white of the eye. It is not, however, very often that a patient presents himself with well-marked deposit of lead, as the lotion is not often persevered in for a sufficient length of time in those cases in which it is generally employed. In the following case, however, it had been used very often, day and night, at very frequent intervals.

A man of middle age applied with what he called inflammation of the left eye. On looking into it, a small white patch, the size of two pins' heads, was seen on the cornea below the pupil. Mr. Dixon declared it to be a deposit of lead, which had occupied the site of an ulcer. It was very superficial, and was readily scraped off by an eye-spatula, and that without much pain. If it had been seated over the pupil, as in a case related by Mr. Dixon,[1] it might have interfered very much with vision, and, if early attention had not been paid, permanently. As in the case narrated, and in the case related by Mr. Dixon, the deposit is generally superficial, and, if removed early, the surface is quickly repaired. On inquiry, it was found that the man had been treated with a "white lotion" for some inflammatory condition of the eye. Of this lotion he had had ten bottles, and had used one in a day. He then had three bottles of "clear lotion," probably nitrate of silver. The substance removed was subsequently tested, and this gave the only evidence wanting as to its being lead. The man came again in a few days. The eye was much better. There was no intolerance of light, and no signs of irritability about the eye, and the surface from whence the lead was removed was healing.—*Med. Times and Gaz.*, July 7th, 1860.

[1] "Diseases of the Eye," p. 91.

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Laceration of the Upper Lid—great Difficulty in Procuring Union.—Every now and then, after operations for hare-lip and other plastic procedures, on removal of the sutures, the parts again separate, to the great disappointment of both patient and surgeon. The following case may serve as a good model of the persevering treatment which ought to be pursued under such circumstances:—

A healthy lad, aged fifteen, had the upper eyelid of his left eye torn by catching it on a hook. The laceration involved the cartilage, and extended from the free border of the lid, in a direction upwards for at least half-an-inch, causing a gaping wound. He was taken to St. Thomas's Hospital shortly after the injury, and the torn parts were united by sutures. The accident occurred on Friday, December 23. The sutures tore out, and on the Monday following he was brought to the Ophthalmic Hospital with a large and most unsightly wound. The house-surgeon to the hospital lightly refreshed the edges, and put in wire sutures. These again tore out, and the wound gaped as before. Hare-lip pins were now used, but for a third time the hopes of union were disappointed. On January 9, more than two weeks after the injury, Mr. Dixon had the boy put under chloroform and pared the edges freely, and having done so passed a hare-lip pin a little above the free edge of the lid and at a considerable distance from the margin of the wound, so as to give it good hold. The upper part of the wound was brought together by two points of interrupted suture. From this last (the fourth) operation most perfect results were obtained. The parts united firmly, and a fortnight later, when the boy came under our observation, only a linear cicatrix was visible, and there was no irregularity in the contour of the lid.—*Med. Times and Gaz.*, Feb. 18th, 1860.

LECTURE.

Lectures on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By ATHOL A. JOHNSON, ESQ., Surgeon to Hospital.

LECTURE III.—SURGICAL DISEASES. *Hernia in Children; Statistics; General Remarks on Hernia in Children; Congenital Umbilical Hernia; Adventitious Umbilical Hernia of Infancy; Nipple-like Fleshy Tubercle of Umbilicus; Inguinal Hernia in the Male Child; Congenital Inguinal Hernia; Complications; Hernia Infantilis; Inguinal Hernia in the Female Child; Treatment of Inguinal Hernia; Frequency of Diseases of the Bones and Joints in Children; Inexpediency of Hasty Excisions of Joints or Amputations in early life; Concluding Remarks.*

GENTLEMEN: In the present lecture, we arrive at last at the surgical diseases, properly so called. The constitutional peculiarities of childhood impress their character upon these diseases, and modify their progress, their termination, and their treatment. Independent of these modifications, we find numerous affections which are either peculiar to early life, which are then most frequently met with, or, at any rate, which present at this time certain specialities deserving our attention.

Hernia. I hinted in the first lecture that these diseases might be connected with some congenital defect, might arise from injury, or might depend on less obvious causes, constitutional or local. I purpose occupying the greater part of your time to-day with the consideration of an affection belonging to the first of these divisions; viz., hernia, as it is met with in the child. I do so, because—though I may have little that is absolutely new to offer to you—I have found practically that somewhat vague, not to say erroneous, notions on the subject exist in the minds of certain practitioners, and perhaps, too, I may be able to collect and present to you at one view, with the brevity which a lecture enforces, various facts and observations, most of which exist, indeed, in such admirable works as those of Lawrence, Scarpa, and Cooper, but which are there dispersed and mixed up with the description of the disease as it occurs in the adult.

Hernia is an affection which is very frequently met with in children. According to Malgaigne, within the first year after birth, *one* male child in every *twenty* is ruptured; after the first year, however, the proportion steadily falls, till at the age of thirteen, it has become as low as *one* in *seventy-seven;* beyond this time of life, the ratio begins again to rise.[1] From Mr. Heather Bigg, through whose hands pass about two thousand cases of hernia annually, and to whom I am indebted for much valuable information, I learn that during the past year the proportion borne by his cases of rupture in children to those of adult life, was as *one* in *nine*—the numbers in early life being as follows:—

From 1 month to 3 years	126
From 3 years to 6 years	49
From 6 years to 10 years	34
From 10 years to adult life . . .	15
	224

At this Hospital there have come under my notice 133 cases of hernia (all, of course, in children), 88 of which occurred in males, 45 in females. Though this number may not be very large, it is probably sufficiently so to enable us to institute some comparison with the records of cases at all ages preserved at the Truss Society.

Out of the 133, 66 were *umbilical;* 35 occurring in females, 34 in males; the ages at which they were brought to the Hospital varying from sixteen days to three years, but in the great majority being less than twelve months. As far as *umbilical* hernia is concerned, then, there was little or no difference in the two sexes, the numbers being almost identical. *At all ages*, in the Truss Society's report for twenty-eight years (Lawrence, *On Hernia*), for 2775 cases of umbilical hernia in the female, there were only 664 in the male, or in the proportion of about 100 to 24. In children, then, it would seem that the great preponderance of this form of rupture in the female sex, which is met with in after life, does not obtain.

[1] The following table is taken from Malgaigne's *Recherches sur la fréquence des Hernies*, etc.:—

From birth to one year, the proportion of cases of hernia in male subjects is as	1 to 20.67
From 1 to 2 years	1 to 29.09
" 2 to 3 "	1 to 36.87
" 3 to 4 "	1 to 55.64
" 4 to 5 "	1 to 59.72
" 5 to 13 "	1 to 77 31
" 13 to 20 "	1 to 41.72
" 20 to 28 "	1 to 30.74
" 28 to 30 "	1 to 20.23

Of *inguinal hernia*, I have had 64 cases, 54 in the male and 10 in the female. This form of hernia is much more common in male than in female children, as 100 to about 18.5. It would appear, however, to be by no means infrequent in girls, being in fact proportionately more common in them than in the grown woman, for *at all ages* the proportion is as 100 to 2.2.

Dr. Küttner, in an article on the influence of sex upon the diseases of children, founded on observations at the Children's Hospital at Dresden, states that the disposition to ruptures appears to be greater in boys than in girls; as, out of 116 cases of navel and inguinal herniæ, 75 were in males and 41 in females. These numbers agree very closely with those noticed at this Hospital; for, as Dr. Küttner does not distinguish between the two forms of hernia, the greater frequency of *inguinal* rupture in the male inclines the balance strongly in that direction.

I have given these statistics, which must, of course, be taken for what they are worth; because, from certain remarks a few months since in a medical journal, it appeared to be the opinion of one of our best informed and most intelligent surgeons that inguinal hernia was not merely very rare in women, *but especially so in young ones*; and though, on the authority of Mr. Kingdon, this statement was afterwards modified, it was added that inguinal herniæ in young females "never become strangulated." It so happens, however, that a case of strangulated inguinal hernia in a young female came under my care at this Hospital in 1856.

A girl, of the name of Jeannette Mairie, eleven years of age, was admitted on July 2d, with strangulated inguinal hernia of the right side. She had been wearing a badly fitting truss, but the bowel had come down on the previous day, and could not be returned. The hernia, when I saw it, was of small size, very tense and tender, and accompanied with the usual symptoms of strangulation. I succeeded at last, though with considerable difficulty, in returning the bowel, and no operation was required.

It will be noticed that I have said nothing of *femoral hernia*; in fact, it is this form of rupture which is really most uncommon in children, whether of the male or female sex. My friend Mr. G. D. Pollock, whose connection with the Truss Society has given him an extensive field of observation in this affection, corroborates this assertion; Mr. Heather Bigg informs me that not one case of femoral hernia in a child has come under his notice; I have never seen a case of it at this Hospital; Lawrence, in his admirable work on *Hernia*, mentions only one case below the age of 12 (our limit at Great Ormond Street); this one having been noticed by Sir Astley Cooper. Still it does occur, and may even become strangulated, requiring the usual operation for its relief. A girl, 8 years of age, was brought to St. George's Hospital in April, 1854, with a strangulated femoral hernia of the right side, of recent origin, for which she had never worn a truss. She was operated on by Mr. Johnson, when a very small knuckle of intestine, coated with lymph, as well as a small portion of omentum, were found in the sac. The case did well.

Before speaking of the particular forms of rupture, I may offer a few remarks applicable to hernia generally as it is met with in the child.

1. With regard to the contents of the sac. These are generally *intestinal*, for the omentum in infancy is short and imperfectly developed, seldom reaching much below the navel. The large intestine too, especially the sigmoid flexure, at this time of life, is comparatively movable, and hence there would be, perhaps, a greater chance of finding this present when the sac is opened.

2. It is in early life especially that a radical cure of hernia may be hoped for and confidently expected, if methodical pressure is steadily maintained for a certain period. In umbilical and congenital inguinal herniæ there is a strong natural tendency of the openings to contract; and if we only prevent the protrusion of the bowel, we may calculate, almost with certainty, on obliteration taking place, on the abnormal channel becoming blocked up. Even in the non-congenital form of inguinal hernia a permanent cure will, in all probability, be effected, for in very early life the development of the pelvis is rapidly inducing changes in the inguinal canal which becomes more and more oblique; the intestines and other abdominal organs are enlarging, and consequently less prone to protrude, and the dilated opening tends to contract, if no unnatural distension of it be permitted, in obedience to the general law by which hollow parts adapt themselves to their contents.

3. In our treatment, we must bear in

mind not merely that early attention implies permanent cure, but also that ruptures in infants, if allowed to remain unreduced, are by no means unattended with danger. Incarceration and strangulation may take place at any age; and though they may be relieved without the use of the knife with comparative frequency in early life, yet, if reduction cannot be effected, the subsequent ill consequences advance with much rapidity, and no time should be lost in having recourse to operation. Mr. Fergusson has been called on to operate on an infant seventeen days old; and Mr. Erichsen in two, under the age of six weeks. At St. George's Hospital, within the last seven years, there have been, in addition to the case of femoral hernia already alluded to, four of inguinal hernia, requiring operation, in children varying in age from eleven weeks to fourteen months; of these, one was *oblique*, the other three *congenital*.

4. The truss to be worn need not, of course, be of anything like the strength required in the adult, but it may be employed, with certain modifications to be alluded to hereafter, with perfect safety in the youngest child, and the sooner its use is commenced, the less the danger of the patient, the greater the chance of his permanent relief. Considerable care, however, is required in the management of the truss; for, in consequence of the rapid alterations taking place in the size of the patient, the truss which at first fits well may soon prove useless, and the cure be making no progress, the patient's life really endangered. I have said nothing of the operation for the radical cure of hernia in children, because, without denying that it may in some cases be called for, I cannot but think that we are seldom justified in having recourse to an operation, by no means absolutely unattended with danger, to effect that which can usually be accomplished without the slightest risk. In the adult, of course, the conditions are different, the chance of cure by compression alone being in their case comparatively small. I may mention that a child has been brought to me on whom the operation had been performed and *failed*, the hernia having been reproduced.

These remarks may seem, perhaps, unnecessary and trifling; but very often, among the out-patients at this Hospital, when an infant has been brought to me with a rupture, I have learned from the mother, that she has been told by medical men and even at public institutions, that "the child was too young to wear anything; that she must wait till the infant was much older."

Umbilical Hernia. This is the form most characteristic of early life, becoming comparatively rare as we advance in years, especially in the male sex. Umbilical hernia may be strictly congenital, or may come on soon after birth; both these forms presenting certain differences from that which is met with in the adult.

Congenital Umbilical Hernia. At an early period of intra-uterine life, the greater part of the intestine is placed inside the root of the umbilical cord, the anterior abdominal muscles being widely separated from one another, especially in the region of the navel. As development advances, the bowel enters the abdominal cavity, and an aponeurotic ring surrounds the base of the cord, which at birth should only contain the urachus and the umbilical vessels. Occasionally, however, it happens that the base of the cord remains of considerable size and continues to lodge some portion of the intestine; we then find a rounded or conical pouch, the top of which corresponds to the umbilical cord, its base to the aponeurotic abdominal ring, which is preternaturally dilated, whilst its sides are composed of skin, of cellular tissue more or less condensed, and of the peritoneum. The size of this pouch may vary very considerably; sometimes it includes the large intestine, the stomach, and even the liver and spleen. More frequently, fortunately, it is of small size, and lodges only a portion of intestine. It has been a question in this, and, indeed, in the other forms of umbilical hernia, whether any covering of peritoneum is present, whether in fact a sac exists. Unquestionably it does, the error of those who maintained a contrary opinion having probably arisen from an idea that the vessels of the cord perforate the serous membrane as they enter the abdomen, instead of having a reduplication of it thrown around them. Still, from the thinness of the coverings and the close connection between the peritoneum and the integument at the seat of the cicatrix, it is difficult at this point to trace the distinction between the two, and much caution is necessary if we are called on to operate.

Treatment. If the protrusion is exten-

sive and embraces other viscera besides the intestine, the chance of the child surviving becomes very small, especially as this condition is often combined with other malformations prejudicial to life; though cases are on record in which a spontaneous cure has occurred even when a portion of the liver has been prolapsed. If, on the other hand, the case is uncomplicated, if the tumor is small, and includes only a moderate amount of intestine, the chances are more favourable. In dividing the cord, care must be taken not to include any portion of the protruded bowel in the ligature; for, if very small, its presence may be overlooked, and the intestine may be, and has been, fatally injured. The hernia having been carefully returned, pressure may be applied by means of suitable compresses, and the parts kept in position by bandages or plasters. Under this treatment, the stump of the cord may be expected to separate in about a week after birth without the bad consequences which would result if the intestine were still prolapsed.

Adventitious Umbilical Hernia of Infants. Even if no hernia exist at the time of birth, it may make its appearance soon afterwards; for the aponeurotic opening through which the umbilical vessels pass is not at once obliterated on the formation of the cicatrix; its contraction and the consolidation of the parts around proceeding gradually, and requiring a certain time before they gain the power of resistance which is met with ultimately. During this period, the intestines, becoming distended by the food they receive, and compressed by the action of the abdominal muscles, may be protruded through the umbilical opening, which offers less resistance to their impulse than any other portion of the linea alba. Hence it is, that this form of hernia occurs most frequently within the first year of life. In the adult, on the other hand, the navel is so firm and solid that the hernia, unless it has continued from infancy, is more likely to take place above or below the proper umbilical opening, but more frequently above, in consequence of the greater breadth of the linea alba in this situation. Even in children, however, the rupture is not invariably situated at the umbilicus itself; in a child of the name of Eva Beckford, aged three, who was under my care, the hernia occurred distinctly above the navel.

The contents of the sac consist usually of intestines; in a case, however, related by Cabrolius, where the child, a female, had been born with obstruction of the urethra, a navel rupture had formed consisting of the bladder, which soon gave way externally, so as to form a urinary fistula in this situation. The child grew up, and, at the age of eighteen, the urethra was opened by operation, the urine resumed its natural course, the umbilical tumour subsided, and the fistula closed.

With respect to the treatment, it may be remarked that owing to the natural disposition of the ring to contract, a cure may take place independently of any interference on the part of the surgeon. It would not, however, be safe to trust entirely to nature; for, if the ring is kept habitually distended, its contractile tendency will gradually be lost, and the opening remain permanently patent. To insure a cure we must at once return the protruded bowel, and keep it reduced. For this purpose the ligature was at one time employed; but, though Desault warmly supported this operation, its consequence in the hands of others was so injurious, that its use is now generally abandoned, compression offering a safer and equally efficacious means of relief. In very young infants, and when the rupture is slight, covering the part freely with pure collodion may occasionally prove effectual. As this, however, cannot often be depended upon, we must usually employ more decided pressure, which may be applied by means of a piece of cork or some similar substance, secured by the aid of plasters; or, better still, by a shield of gutta percha with a nipple-shaped projection in the centre, like these, which were constructed by Mr. Braine, our most intelligent house-surgeon. A very efficient, and at the same time inexpensive instrument also, is the one I show you, consisting of a pad inserted in a broad band of elastic material, which is made to lace behind so as to adapt it exactly to the individual case; this can be managed with sufficient ease by a mother of ordinary intelligence, to insure a ready cure. Should strangulation occur, and an operation be required (which, however, is most improbable), it might perhaps be as well to try and relieve the stricture without opening the sac, as the chances of recovery in the adult appear to be increased by this procedure.

Nipple-like Fleshy Tubercle of the Umbilicus. I venture to introduce here a few

words respecting a troublesome affection of the umbilicus, which might possibly be mistaken for hernia, and of which I have seen several cases, though the only notices of it I have met with are by Lawrence, who shortly alludes to it, and by Sir Astley Cooper, who devotes a few lines to it under the name of fleshy tumour of the navel. In these cases we find, rising from the centre of the main umbilical depression, a stout, nipple-shaped papilla, or tubercle, of uniform thickness, which may be nearly an inch in height, and about as much in circumference. It is firm in substance, of a florid red colour, moist on the surface, and discharging a mucous secretion, the reddened surface becoming continuous at its base, by an abrupt and well-defined line, with the ordinary skin. Occasionally, there is an aperture at its summit, through which I have passed a fine probe, for the distance of two or three inches; in no instance, however, have I found it lead to the bladder, nor have I seen any urine passed through it. In other cases, the tubercle has been quite solid, without any central opening. There is usually no pain in the part, except when it is handled. The constant secretion, however, as well as the bleeding, which readily occurs on any friction by the clothes, render it a source of considerable inconvenience. The condition is said to be congenital, or at least noticed from the time of separation of the cord. I have seen it at 2, 3, 5, and even as late as 7 years of age, in children of whom all previous treatment by various practitioners had been unsuccessful.

The application of nitrate of silver (solid or in solution), of sulphate of copper, etc., I have always found to fail in curing it. In some cases, however, I have succeeded, by means of the acid nitrate of mercury repeated several times; but the most certain way is, to include its base in a ligature, when the dead part separates in a few days, leaving a healthy surface behind it, which soon cicatrizes. I have had no opportunity of examining the exact nature of this tubercle; it does *not*, however, belong to the class of nævoid or erectile tumours, though the moistened surface bleeds readily, as I have already mentioned. Sir Astley Cooper states that, in a case of this kind brought to him from the country, at the age of seven, he "found it arose from the circumstance of the funis being so long as to project beyond the skin of the navel, which prevented its cicatrization."

Inguinal Hernia in the male child may be *oblique*, rarely, if ever, *direct*. That common oblique hernia really occurs in very early life is demonstrated occasionally during operations. In 1852, Mr. Cæsar Hawkins found this form of rupture in an infant eleven weeks old, on whom he operated at St. George's Hospital; and Mr. Lawrence notices the same fact. In the great majority of cases, however, the hernia is "*congenital*," though in truth this term is not strictly correct, as the rupture may not actually occur till a very considerable period after birth. In this case the protruded parts descend along the canal of communication between the peritoneum and the tunica vaginalis, which has not become obliterated, the bowel coming into direct relation with the testicle, which appears, as it were, contained within the sac. The testicles, it is well known, are originally formed in the abdomen, where they are situated immediately below the kidneys, and it is not till about the fifth or sixth month of fœtal life that they begin to shift their position, traversing the inguinal canal during the eighth month, and towards the end of the ninth reaching the bottom of the scrotum, where they are usually found at the period of birth. The natural alteration in the position of the testicles requires corresponding changes in its serous covering—the tunica vaginalis. This membrane, which originally formed part of the peritoneum, still communicates with it for a short time after the gland has reached the scrotum; soon, however, the communication becomes cut off, and at birth the upper end of the canal is *frequently*, but by no means *invariably*, closed. According to the observations of Professor Engle, the canal is closed at birth in ten per cent.; but more constantly, or at any rate more completely, on the left side than on the right. In this way, perhaps, the greater frequency of inguinal hernia on the right side may, to some extent, be accounted for, since it may be noticed that in infants, as well as in adults, inguinal hernia is much more frequently met with on the right side than on the left, and it is evident that the cause for this difference usually assigned—namely, "the employment of the right side in those offices of life which require the most powerful exertion"—will hardly apply in the case

of infants. At the end of a fortnight, no trace of the canal was to be found on the left side in 30 per cent., whilst in 60 per cent. it remained open on both sides. In the adult, the vaginal canal, or some remains of it, was discovered in 31 per cent. of the bodies examined. The tunica vaginalis, then, may continue, even for years, to retain its connection with the peritoneum, as it does permanently in quadrupeds, with the exception of the chimpanzee, the only one of the brute race, according to Owen, which resembles man in having the vaginal tunic closed. If this communication is of small size, it may allow only of the passage of fluid to or from the peritoneum, giving rise to what is called *congenital hydrocele;* but if of larger dimensions, some of the abdominal viscera may possibly descend through it, constituting *congenital hernia.*

We must bear in mind, also, that it not infrequently happens that the descent of the testicle may be arrested or incompletely performed, and the gland may remain in the inguinal canal, or even entirely within the abdomen. Should we find, therefore, a swelling in the groin, we should ascertain the position of the testis before we hastily pronounce the case to be one of hernia, lest we subject this gland to the pressure of a truss, as I have seen in more than one instance, neither to the advantage nor to the comfort of the patient. At the same time, we must remember that the imperfect descent of the testis may depend upon the presence of adhesions to the bowel, and the case be complicated, by the co-existence of hernia, adding considerably to the difficulties of our treatment. Moreover, a scrotal hernia may undoubtedly take place whilst the testicle is still retained in the abdomen. Mr. Heather Bigg informs me that he has lately attended a family where two of the sons have had, and been cured of, inguinal hernia of the right side, the testicle never having descended; the father in this case has only one testicle in the scrotum, but has never suffered from rupture.

Occasionally it happens that *encysted hydrocele of the cord* is mistaken for hernia, for if the cyst is placed at the abdominal ring, or even inside the inguinal canal, the diagnosis from hernia becomes often really difficult. The most characteristic point of difference would probably be, the comparatively fixed position of the hydrocele, which can neither be brought completely down into the scrotum, nor yet be forced entirely within the abdomen, as would happen with a reducible hernia. Mr. Curling, in his valuable work *On the Testis*, relates an interesting case where an acute hydrocele of the cord was mistaken for strangulated hernia, and an operation at one time contemplated. On the other hand, it is possible that an irreducible hernia may resemble and be taken for an encysted hydrocele, as in the case of a boy related by Sir Astley Cooper.

Hernia Infantilis. There is a variety of inguinal hernia which I ought to mention, as it has received the special name of infantile hernia. This, however, is by no means peculiar to infants, and not often met with at this, nor indeed at any age, though Hey, by whom it was first recognized and described, having noticed it in the body of a child who died of this affection at the age of fifteen months, gave to it the name it now bears. The infantile differs from congenital hernia in the fact, that the serous canal of communication has been closed to a certain extent, and there is a distinct and separate hernial sac, formed of peritoneum, protruded, in its descent, from behind into the tunica vaginalis, which as it were overlaps it. On opening the vaginal tunic, therefore, we do not come at once upon the bowel, but find it still invested with a distinct pouch of peritoneum, pushing the posterior wall of the tunic before it. In this way, we may have to divide *three* layers of serous membrane before we get into the interior of the sac, before we actually arrive at the protruded viscus.

Inguinal Hernia in the female child is, probably, in most cases of the ordinary oblique form. A projection, however, of peritoneum into the inguinal canal, according to Professor Meyer, takes place in the female as well as in the male fœtus; and, though less considerable and undergoing its changes much earlier—as soon, perhaps, as the fifth month of intra-uterine life—such a diverticulum may still be found occasionally at birth passing through the abdominal ring in connection with the round ligament. Wrisberg discovered in 19 out of 200 female bodies such a serous canal, existing usually on both sides, occasionally only on one. It is possible, therefore, that a hernia in female children may, in some cases, de-

scend through these diverticula, and may constitute a kind of congenital hernia. Diagnostic marks, however, by which we may be enabled to recognize it, are absent, and we cannot be confident that the existence of such diverticula would materially favour the production of a rupture.

In inguinal hernia, in the female, it may be well to remember that the ovary may descend through the canal, and form the hernial protrusion. In a case related by Billard, occurring in a female infant, a rounded tumour was noticed in the left groin, which was found, after death, to consist of the left ovary, which had passed through the canal and abdominal ring, both of which were decidedly enlarged. The ovary and extremity of the Fallopian tube were lying free at the bottom of the hernial sac, which was formed of a prolongation of the peritoneum, with the cavity of which it freely communicated.

Treatment. In inguinal hernia in the male, as well as in the female, we must bear in mind that a large proportion of the cases, in very early life, is capable of being cured, and consequently it is to this end that our treatment should be directed, with every hope of a permanently successful result. For this purpose, compression should be commenced as early as possible, and maintained constantly by night as well as by day. Under ordinary circumstances, the kind of truss to be adopted may be that for the opportunity of showing you which I am indebted to the kindness of Mr. Heather Bigg. Its principle is that of a slight metallic spring, softly padded, encircling the pelvis about an inch and a half below the crest of the ilium, and terminating at one extremity in a pad of a fungiform or pear shape, the upper portion of which rests against the hernial orifice, whilst the lower passes under the perineum, and is attached to a small hook on the opposite side. The advantage of this special form of truss for hernia in infancy is, as Mr. Bigg remarks, "that the pad not only entirely closes the inguinal canal, but produces a slight uplifting of the perineum, which more than anything tends to prevent the hernia escaping from the inferior margin of the inguinal ring." When the child is a little older, say upwards of three years of age, the fungiform extremity may be dispensed with, and the under-strap fastened to the same side as that on which the hernia exists.

In using these trusses, which may be covered by oiled silk, to prevent their being spoiled by moisture, we must not forget the fact that the pelvis in children is undergoing rapid changes; we must examine the case, therefore, carefully from time to time, and change the truss as soon as it no longer serves its purpose. We must endeavour, also, as far as possible, to enlist the intelligent aid of the mother or the nurse, to impress upon them the necessity of constant care and watchfulness on their part in maintaining effectual compression. The period required for a *cure* cannot, of course, be accurately laid down beforehand. The younger the infant, and the more effectually the hernia is prevented from protruding, the sooner will obliteration of the opening occur; it is probable, too, that a cure will take place the more readily if the hernia is congenital rather than oblique. In some cases, occuring almost immediately after birth, when there has been a difficulty in procuring or in wearing a truss, I have employed a pad of wax, moulded when warm to the shape of the parts, or an air-pad, as suggested by Mr. Erichsen, and secured by means of a flannel or partially elastic bandage, kept in its place by a perineal strap of wash-leather. Or, when the rupture is slight, we may employ an elastic belt, lacing behind and fitted with a fungiform pad as well as with a perineal band, like the one I show you, which was made by Mr. Heather Bigg, at my suggestion. If, in such cases, this or some similar plan is adopted at once, and maintained, so as entirely to prevent the descent of the hernia, even for a week or two, there is a considerable chance of the tunica vaginalis becoming separated from the peritoneum; if not, the sooner the use of the steel truss is commenced the better.

Where the hernia is complicated with partial or complete retention of the testicle, its management often becomes more difficult, and may require special modifications, adapted to the individual case. Sometimes, if the testicle has sufficiently cleared the external ring, a truss may be so adapted as to prevent the rupture from descending without pressing on the testis, or without allowing it to re-enter the inguinal canal. If, however, this cannot be managed, if the intestine is closely adherent to the testicle, and the two cannot be separated, it is advisable to endeavour to return *both* into the

abdomen, and retain them there by means of a truss. In those cases where a rupture has occurred without the testicles having shown themselves at all, it is better also, I believe, at once to apply a truss, and disregard the consequent retention of the testis. It is true that it is desirable, if practicable, that the testicles should be placed in the scrotum rather than in the abdomen. The moral effect of the absence of these glands is considerable, and their development is probably favoured by their existence in their normal position; but, if much delay has occurred, the transition of these organs is seldom perfectly accomplished, adhesion to the intestine is frequently met with, and the persistence of the gland in the groin, complicated as we suppose it to be with rupture, is attended with greater inconvenience, and even with greater danger to life, than its complete retention in the abdominal cavity.

There is no time left for me even to enumerate the other surgical diseases which come under our care at this Hospital; I can only say that they are numerous, complicated, and important. In the eye, for instance, besides congenital cataract, we have the ophthalmia neonatorum and strumous ophthalmia peculiar to early life; and that the affections of the genito-urinary organs (to which I hope at no distant period specially to call your attention) contribute in no mean proportion to our operative surgery, this collection of calculi, removed by me at this Hospital, will serve, I think, to demonstrate. Our great surgical *cheval de bataille* is, however, no doubt the disease of the bones and of the joints. The spine, the hip, the knee, the ankle, with, occasionally, the articulations of the upper extremities, are the parts the affections of which principally fill our surgical beds; for there the white-swellings of our older writers abound, there caries may be said to revel.

Diseases of Bones and Joints; Inexpediency of Hasty Operations in Children. It is true that these diseases may appear tedious in their progress, that the succession of patients is not rapid, and that the beds are occupied for a long time by the same individuals; it does not follow, however, that the diseases are devoid of interest, that much may not be learned from their study, or that relief from suffering, rescue from deformity or mutilation, and even preservation of life, may not be accomplished by their steady investigation. It is in children especially that a cure may be hoped for, even in most aggravated forms of disease of these parts; for in children the plastic powers of nature are so great that recovery may take place when in the adult any such hope can scarcely exist. I have no hesitation in owning that, when I first became surgeon to this hospital (not so many years since), I was less unwilling to have recourse to operations than I am now. In recent times, what is called conservative surgery has made much progress, and a joint is now excised, where, formerly, the extremity would have been sacrificed. This is, no doubt, a great improvement, but after all, the most really conservative surgery is, *to save the joint as well;* and this, I feel perfectly certain can, in early life, with care, time, and perseverance on the part of the surgeon, be accomplished much more frequently than is generally supposed. I need scarcely dwell on the advantages of this preservation, if it be practicable; to say nothing of our avoiding the risk of an operation, which is always appreciable, and in the knee is considerable even in children, the length and proportions of the limbs are preserved, and a considerable amount of motion in the joint may ultimately, in almost all cases, be obtained.

In the adjoining room you may see a few examples in illustration of this restorative power on the part of nature. In one child, Alfred Thistleton, in whom the destruction of the parts about the joint was so extensive, the fever so severe, and the health so much impaired, that at one time I was on the very point of proposing excision, you will see that the child is now stout and well, that the limb is a very useful one, and the knee is only partially stiff. The relations have brought these children here to-day for inspection; for it is now many months since some of them were discharged from the hospital, and, consequently, the lapse of time enables you to see that the cure is a permanent one. It is, in fact, I may mention by way of parenthesis, one advantage that we enjoy here, that we are usually able to keep sight of the case long after it leaves our wards, that we are able to watch the changes which subsequently occur, and, in cases of operations especially, to judge of their ultimate results; a great advantage,

and one but too frequently overlooked or found impossible in hospital patients generally.

Whilst writing this lecture, I was glad to find my views on this subject corroborated and confirmed by a most eminent surgeon in Dublin, and one whose opinion might have been expected to incline differently, for he has been the great and successful advocate of excision; I mean Mr. Butcher. In his recently published *Third Report on Operative Surgery*, Mr. Butcher states, that it is "impressed strongly upon his mind, nay, that it is his sincere conviction, that these severe operative measures will very seldom indeed be either warranted or called for" in children. That "repair in the young is to be looked forward to, to be depended upon as a certainty," and consequently that there should be "no hasty removal of diseased joints" in childhood.

Among the poorer classes, it is true, we have many disadvantages to contend with. Time, good air, and good living, are three great requisites in aid of our surgical treatment, but the demand for our beds is so urgent, that the first can seldom be afforded within the Hospital; and, as an out-patient, the child will seldom enjoy the two last, whilst it is deprived also, too often, of systematic care and of judicious nursing. Such impediments to success, as we cannot pretend to ignore them, must be fairly encountered and grappled with; difficulties exist in all cases, and in every sphere of action; it is the part of him who hopes to succeed in life, or who strives to conscientiously perform his duties, to be prepared for difficulties, to exert himself to his utmost to overcome them.

In bringing to a conclusion the first course of lectures ever delivered at this Institution, I may briefly state that they were undertaken because my colleagues, as well as myself, were most anxious to render generally available any information which this Hospital may afford; because we felt that our position here involved a trust, and that our offices had been bestowed upon us, not for our own individual advantage, but with the hope that we might contribute something to the knowledge of the diseases of children, and of their treatment.—*British Medical Journal*, Jan. 28, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Fiske Fund Prize Essays.—At the annual meeting of the Rhode Island Medical Society, held July 11, 1860, the Trustees of the Fiske Fund announced that two premiums, of one hundred dollars each, had been awarded—one to a dissertation on Diphtheria, by Daniel D. Slade, M. D., of Boston, Mass.; and one to a dissertation on Uræmia and its morbid effects, by Wm. W. Morland, M. D., of Boston, Mass.

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Army Medical Board.—A Board to consist of Surgeons C. A. Finley, R. S. Satterlee, and C. S. Tripler, has been ordered to assemble at Baltimore on the 20th of September, for the examination of assistant surgeons for promotion, and of candidates for appointment to the medical staff of the Army. Applications must be made to the Secretary of War.

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Medical College of the State of South Carolina.—It is stated (*Charleston Med. Journ.*, July, 1860) that Dr. J. E. Holbrook has resigned the chair of Anatomy in this school, which he has long filled with signal ability.

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Middle Georgia Medical College.—This is the title of a new institution recently inaugurated at Griffin, Geo. It is the fifth medical school in that State.

The chairs have been filled as follows:—*Anatomy*, L. L. Saunders, M. D.; *Surgery*, J. T. Banks, M. D.; *Mat. Medica and Therapeutics*, R. B. Gardner; *Medical Jurisprudence*, S. H. Saunders, M. D.; *Physiology and Patholog. Anatomy*, F. O. Donnelly, M. D.; *Med. Chemistry*, L. J. Roberts, M. D.; *Inst. and Pract. of Med.*, E. F. Knott, M. D.; *Obstetrics*, T. M. Darnall, M. D.; *Diseases of Women and Children*, M. J. Daniel, M. D.

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Brooklyn Medical and Surgical Institute.—This is the title of a second medical school chartered during the last session of the New York legislature, for the purpose of establishing and maintaining an Infirmary and Medical College, with powers to grant the degree of Doctor in Medicine.

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Medical Department of Baker University.—A new medical school with this title

is announced as organized at Leavenworth City, K. T.

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New York Journal of Medicine.—This Journal, which, during its long career has always been conducted with ability and maintained an elevated and dignified position, has, we regret to learn, been discontinued. It is to be succeeded, however, by a weekly publication.

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American Medical Times.—This is the title of a weekly Journal which is to replace the *New York Journal of Medicine.* It is under the editorial management of Dr. Stephen Smith, a former able editor of the *New York Medical Journal*, Dr. Geo. F. Shrady, and Dr. Elisha Harris. The first number, which we have before us, is well supplied with interesting matter, and is issued in a style equal to the best of the London medical weeklies. If continued, and we have no doubt that it will be, as it has commenced, it will deserve and will surely achieve success. The publishers are Baillière Brothers.

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Cincinnati Lancet and Observer, and Cleveland Medical Gazette.—An arrangement has been effected between the editors of these two journals by which there is to be a joint editorship, and the contents of the two journals will be the same; but each is to appear under its former name, simultaneously, one at Cincinnati and the other at Cleveland. Thus these two journals have actually been consolidated, though appearing under two different names.

FOREIGN INTELLIGENCE.

Death from Chloroform.—The *Medical Gazette* of Lisbon gives an account of a case of death from chloroform, being the first which has occurred in Portugal. The victim was a man aged twenty-nine years, from whom was to be extracted two small cysts from the upper eyelid.

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Catheterism of the Larynx in Diphtheria.—A very careful investigation of this method of treatment has just been concluded. It had been carried on by a committee appointed by the Medical Society of the Hospitals of Paris, in order to answer the following question put by the Director-General of Hospitals: Has catheterism of the larynx in diphtheria, as recommended by M. Loiseau, been successfully employed in the hospitals of Paris? The committee was composed of Messrs. Béhier, Monneret, Roger, Sée, and Barthez, the latter of whom drew up a very careful report filled with interesting facts, and very legitimate deductions.

The committee think that M. Loiseau's treatment is not so successful as might, from his assertions, have been expected. The local manifestations have sometimes been favourably modified by it; but it does not check the disease—does not prevent its transformation into croup, and is not more efficacious than the remedies usually employed. The catheterism of the larynx, as practised by M. Loiseau, is not a difficult operation, and has afforded temporary relief to some patients. It has cured four out of twenty-six cases; whilst tracheotomy and the internal treatment were successful in nine cases of these same twenty six, after M. Loiseau's treatment had failed. The operation is not free from danger, as it caused the instantaneous death of a child upon whom it was performed. This catheterism, in several cases, did harm, and had to be followed by tracheotomy. The committee are, therefore, of opinion that this mode of treatment cannot as yet be substituted for the means hitherto employed, and should not, as M. Loiseau wishes, make us give up the administration of internal medicines; nor should tracheotomy be replaced by this method, as the operation is pre eminently useful in surgically removing the obstacle which prevents the air from reaching the lungs.—*Lancet*, July 14, 1860.

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Piperin in Intermittent Fever.—Dr. Meli, of Venice, as the results of numerous experiments, comes to the following conclusions: 1. The febrifuge power of piperin is both energetic and rapid. 2. Its activity is much greater than that of cinchona. 3. It is more convenient than cinchona, and its succedanea, exhibiting a great activity in a very small compass. 4. It neither changes, retards, or suppresses any secretion, or excretion. The alvine dejections are regularized, and the urinary secretion is rendered active.—*Med. Times and Gaz.*, July 7, from *Presse Belge*, No. 22.

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Iodine in Ill-conditioned Wounds.—M. Marchal communicated to the Academy the formula he makes use of as a disinfecting

application in ill-conditioned wounds. The compresses may be moistened without its being necessary to remove them, thus avoiding exposure to the air. Iodine, 1 part; iodide of potassium, 2 parts; distilled water, 1000 parts.—*Journal de Chém. Méd.*, May, 1860.

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Hydropathy.—Until Professor Liebig directed attention anew to the action of oxygen on the human body, the causes of success or failure in hydropathy were unknown. The greatest possible action of the skin is produced under hydropathy, on the system by baths: large quantities of water are taken, and by these means the action of oxygen on the body is promoted to a very high degree, and death ensues, if ever the system is unable to furnish matter to resist the action of oxygen.—*Med. Times and Gaz.*, July 7, 1860.

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Chloroform as a Hypnotic—Opium and lactucarium are almost the only two agents which induce sleep by a special sedative action; and they both have their inconveniences as well as their highly valuable properties. A hypnotic without these inconveniences would prove an agent of great value, and M. Fonssagrives, of Cherbourg, believes that chloroform is that agent, judging from his having used it with constant success since 1854, when it was recommended by Dr. Uytterhaven, a Belgian practitioner. Sleeplessness arises from different causes; sometimes it is the result of the persistence of a painful symptom which forcibly excludes repose; at others it constitutes an entirely nervous symptom originating in some moral sufferings, absorbing preoccupation, or too prolonged or too active intellectual exertion; while at other times it proceeds from a vicious habit of the cerebral centre. The sleeplessness becoming a cause of sleeplessness; or, finally, the sleeplessness may result from the abuse of hypnotic remedies, or may be an epiphenomenon of certain acute diseases. It is in these latter cases that chloroform is of especial service. The dose is small but effectual, namely, from five to ten drops.—*Bull. de Therap.*, tome lvi.

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Enormous Hypertrophied Spleen.—M. Sappey exhibited to the Biological Society of Paris a hypertrophied spleen weighing 14 lbs. 4 oz., and measuring 13 inches in length, 9 inches in breadth, and 5 inches in thickness. Mr. S. estimates the average weight of normal spleens to be 6½ ounces.

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Triplets.—On the morning of the 9th of July, Esther Mackintosh, the wife of a shoemaker, was safely delivered of three full timed female children, by Mr. Tyley, of the Middlesex Hospital, all of whom are living, and together with the mother doing well.—*Lancet*, July 14, 1860.

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Ozone.—M. Schrötter (Secretary of the Academy of Sciences at Vienna) has discovered ozone in the mineral kingdom. A violet-coloured variety of fluorate of lime, from the stratified granite of Welsendorf, in the Upper Palatinate, on rubbing, gives out an odour resembling hydrochloric acid, and on examination by M. Schrötter has been found to manifest energetically all the reactions proper to ozone. Future researches will be laid before the Academy, in whose reports they will be published.—*Ibid.*

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Vitality of Toads.—Towards the year 1850, a workman, in the neighbourhood of Blois (France), struck a mass of silex with his pickaxe, and saw a live toad jump out of the stone. At that period doubts were entertained as to the supposed indefinite vitality of toads, which had been deduced from the above-mentioned fact; and M. Duméril showed that toads, having cartilaginous ribs, could introduce the whole body where the head would enter. These animals are fond of slipping thus into very small apertures and crevices; and hence the error about their vitality when confined within stone. M. Milne Edwards' father, in order to bring the matter under direct experiment, buried some toads in plaster, and where, from the porosity of the plaster, or the existence of crevices, air could penetrate, the creatures lived several weeks, and even months; one, in fact, lived thus for *eighteen months*, this being the only authentic fact of the kind. When, however, the plaster had neither porosity nor crevices, the animals were always found dead and dried up.

At a late meeting of the Academy of Sciences of Paris, the members present had an opportunity of breaking up masses of plaster, in which M. Séguin had imprisoned a viper and a toad in 1852. Both animals were found dead, and evidently dried up for a number of years.—*Lancet*, July 14, 1860.

Magnesium a Source of Light.—This rare metal inflames at the temperature at which bottle glass softens. According to M. Bunsen the light of the solar disc exceeds that of inflamed magnesium only by 524.7. M. Schmitt therefore recommends the use of the flame as a source of light at night for photographers, especially as the photo-chemical power of the sun only exceeds by 36.6 that of the flame of magnesium. M. Nicklès (in the *Journal de Pharmacie*) says that M. Schmitt seems not to have considered the volatility of the metal, which, according to Deville and De Bray, has its points of ebullition nearly the same as zinc. —*Ibid.*

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Mr. Alcock and Attempted Murder of Regent of Japan.—Mr. Rutherford Alcock, who was Surgeon of the British Legion in Spain, is now representative of England in Japan. In a very interesting despatch to Lord John Russell on the attempted murder of the Regent of Japan, he writes: "I thought it right, on receiving the official intelligence, to address a few lines of condolence to the Ministers of Foreign Affairs, and of congratulation also, at the escape of the Go-tai-ro out of the hands of the assassins. I added that, possessing some surgical experience, my services should be at the disposal of the Regent; but I have little idea that they will be accepted, nor have I much reason to desire it, under all the circumstances. Yet, looking at the low state of their medical and surgical knowledge, it seemed but an act of common humanity, as well as of courtesy, to make the offer, and I trust your lordship will approve of my having taken this course."—*Ibid.*

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University College.—Professor Lindley has resigned the chair of Botany, which he has held for many years, with great distinction, in this institution.

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Casting Platinum.—MM. Ste-Claire Deville and Debray are still proceeding successfully in casting platinum. At a recent meeting of the French Academy of Sciences they exhibited two ingots of this metal, the two weighing 55 lbs., cast in the same furnace and run into a mould of forged iron. The surface of the metal, which was cast with great perfection, bears the impression of the characters engraved on the mould. These gentlemen say that their experiments prove that platinum can be cast in as large masses as may be desired.—*Med. Times and Gaz.*, July 7, 1860.

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Modern Civilization.—If the seventeenth century stood in need of such help as the establishment of societies, such as these afforded it; surely the nineteenth needs it too. If there were darkness and superstition to be dispelled then, I think I am not wrong in saying that, with an increase of intellectual energy and illumination, there is comparatively as much, if not more, moral and spiritual gloom now. If, a century and a half ago, Sir John Floyer sent the infant lexicographer to Queen Anne to be "touched for the Evil," we have in our days the humiliating spectacle of men, who have been trained in the highest seats of learning, and who have even sipped at brooks that "flow fast by the oracles of God," endeavouring to disseminate a belief in the most debasing dogmas;—a belief in demoniacal agency through the medium of "table turning" "and spirit rapping;" in "coming tribulations," as well as in the silly and vulgar conceits of the disciples of Mesmer and Hahnemann; and mankind were never more eager to become their dupes.—Mr. Gay.—*Med. Times and Gaz.*, July 7, 1860.

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Successful Herniotomy four days after Parturition.—M. Kuhn has published, in the *Gazette Hebdomadaire*, the case of a woman who was confined of her sixth child whilst affected with inguinal hernia of only a few months' existence. On the fourth day after parturition, symptoms of strangulation showed themselves, and M. Kuhn, finding the taxis extremely painful, operated at once, and succeeded in reducing. The woman did perfectly well.—*Lancet*, July 7, 1860.

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Obituary Record.—Died, at Brighton, June 29, 1860, Thomas Addison, M. D., the late distinguished physician of Guy's Hospital, aged about 67.

—— in Paris, lately, Adolphe Lenoir, surgeon to the Necker Hospital, aged 58.

——, Dr. Robert C. Williams, late President of the Royal College of Surgeons of Ireland.

—— on the 5th June, M. S. Buchanan, M. D., one of the most active members and one of the most zealous and successful teachers of the Medical School of Glasgow.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Ligature of the Subclavian.—A case in which the subclavian artery has been tied on account of aneurism of the axillary is at present under treatment in St. Bartholomew's Hospital. The patient is a man of about 50, and of temperament and health favourable to an operation. He is under the care of Mr. Paget. The operation was performed nearly a fortnight ago, and was accomplished, without any difficulty, in the usual method. Since then all has progressed most satisfactorily, the wound has been clean, the man's state good, and the aneurism free from pulsation. The ligature has not yet come away.—*Med. Times and Gaz*, July 14, 1860.

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Prevalence of Tetanus.—Cases of tetanus have been unusually frequent in the London Hospitals during the last month. Whether this prevalence has been the result of mere accident, or of some atmospheric cause, it is impossible to say. June, as is proved by statistical evidence, is one of the months in which usually the fewest cases of this disease occur. Although tetanus is endemic in some hot climates, yet it is beyond a doubt that in England a larger proportion of cases occur during the cold and temperate months than the hot ones.

In St. Bartholomew's Hospital a case occurred a few weeks ago, under Mr. Skey's care, in which amputation was resorted to. The injury which had excited the disease was a severe crush of the arm; and the state of the parts to a considerable extent removed the hesitation which would otherwise have been felt as to so serious a measure as amputation of a limb with but a doubtful chance of benefit. The amputation was performed within twenty-four hours of the

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first appearance of tetanic symptoms, and these latter had come on thirteen days after the injury. The patient was a boy, aged 14. At the time of the operation there was stiffness in the back of the neck, and spasm of the muscles of the chest and abdomen, but none of the muscles were severely or painfully contracted; the pulse was rapid, and not less than 130 in the minute. The patient seemed better during the twenty-four hours following the operation (the limb having been removed just above the wrist). Brandy, laudanum, and ammonia, were freely given, but the boy sank on the fifth day of the disease.

A second case died a few days ago in St. Bartholomew's, in which treatment by the woorara had been adopted. The patient was a boy, and under the care of Mr. Lloyd.

In the London Hospital three cases have recently occurred, and all of them have ended fatally. The third was a man, aged about 37, under the care of the writer. The symptoms followed an incision into the great toe, to evacuate matter which had formed in consequence of a burn received the week previously. It is doubtful, therefore, whether the burn or the incision were the exciting cause of the tetanus, and, consequently, whether the interval between the cause and the outbreak was a week or a fortnight. It is an interesting fact, that the man's father died of tetanus consequent on an injury to the thumb. The case was throughout a severe one, but the man lived on to the twelfth day, and there was at one time some hope of his recovery. The treatment pursued was a single-bedded ward, and great quietness; the free use of tobacco, by smoking; and the internal administration of quinine in large doses, and of opium and ether in moderate ones.—*Ibid.*

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Preservation of the Hip Joint by the removal of Diseased Bone.—A most instructive case of apparent hip-joint disease, in a married woman, twenty-three years of age, was admitted into University College Hospital in February. The patient was a delicate, pale, and emaciated person, who had been sent up from Kent to have the hip-joint excised. She had been the subject of strumous disease in early childhood, particularly around the ankle-joint, which had caused shortening of the affected limb. In other respects, her general health was not bad. About two years ago, she complained of pain in her right hip-joint, which was shortly after followed by an abscess on the upper and outer part of the thigh, simulating hip-joint disease. The abscess burst, and there remained a fistulous aperture just below the insertion of the tensor vaginæ femoris muscle, leading apparently to the hip-joint, but in reality not so. On careful examination, under the influence of chloroform, the mobility of the joint was found to be perfect, as it could be freely moved in every direction, with an absence of any grating sensation. The head of the thigh-bone was in its natural situation, and the shortening of the limb was clearly the result of the ankle disease in early life. A probe entered into carious bone, but not into the joint itself, and the disease appeared to be limited to the great trochanter. There was no evidence of its extension within the capsular ligament, although very close to the joint.

If left to itself, Mr. Erichsen believed that the disease would extend upwards to the articulation, and he therefore had no hesitation in endeavouring to remove the affected parts of the bone. This case, he observed, resembled a class of cases very commonly met with—namely, caries of the cancellous structure of the head of the tibia, wherein the morbid action extended very close to the encrusting articular cartilage, but which latter escapes if the disease is removed in time, and the knee-joint is left intact. On laying open the parts, after chloroform was given, the condition suspected was found to be present. A cavity existed in the great trochanter, which was well cleared out by means of Marshall's osteotrite; but the disease actually extended some way up the neck of the femur, and was entirely removed, leaving a clean, smooth, hard, and healthy surface behind. This cavity was an inch and a half in depth. The posterior and outer edges of the trochanter were removed with forceps. The wound was now stuffed with lint, and the patient removed to bed.

The diagnosis was therefore proved to be correct, and the best measures resorted to for the woman's safety. Free suppuration followed, the wound slowly filled up by granulation, and by the 28th of March it had entirely healed, excepting a single fistula passing behind the trochanter. The back of the thigh had been supported by a pasteboard splint, and the patient was sit-

ting up, much improved in her general health under the use of cod-liver oil and quinine, with unimpaired mobility of the joint.—*Lancet*, July 28, 1860.

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Amputation at the Hip Joint in a Young Child.—A very healthy child, aged fifteen months, was admitted the other day into the London Hospital, having had his left thigh frightfully crushed by the wheel of a brewer's dray. There had been very profuse hemorrhage, and the child was collapsed and scarcely conscious. The soft parts being lacerated so high up that there was no possibility of performing amputation below the hip-joint, Mr. Ward at once placed a ligature on the femoral artery below Poupart's ligament, and then proceeded to exarticulate the shattered member. Scarcely any blood was lost during the amputation. The child, however, remained in spite of the freest use of stimulants by injection, etc., in a state of collapse, and death took place a few hours afterwards.

On examining the limb the femoral artery and veins were found torn across. The sciatic nerve and its branches were entire, though much bruised. There was a complete separation of the epiphysis of the lower extremity of the femur. The knee-joint had been laid open extensively in front, but the crucial ligaments were entire, and had prevented a complete luxation. It may be doubted whether amputation at the hip-joint has ever before been performed in so young a subject. The precaution which Mr. Ward took of first placing a ligature on the femoral artery is a very important one.—*Med. Times and Gaz.*, Jnly 14, 1860.

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Operation for Strangulated Hernia in a Young Infant.—It is not a very rare occurrence, as the readers of the Hospital Reports published in our columns will be well aware, for the inguinal hernia of infants to become strangulated, and require relief by operation. We have recorded during the last six years probably not fewer than a dozen cases. Another instance came under notice in the London Hospital a few weeks ago, the facts respecting which are briefly as follows:—

James J., an infant of ten months, in fair health, was admitted under Mr. Luke's care on account of an inguinal hernia on the right side. The rupture had been irreducible for two days, and the symptoms of strangulation were well-marked and severe. There had been no action of the bowels, and although the child took the breast greedily, it always retched violently afterwards. It appeared that the hernia was of the congenital form, as it had existed since birth. The infant had worn a truss, but had been without it for several weeks. Having failed in endeavouring to effect the taxis, Mr. Luke cut down upon the external abdominal ring, and notched it, after which reduction was easily accomplished. The sac was not opened, the wound made was very small, and scarcely any dissection was required. The child's symptoms wholly subsided after the operation, and within a week it left the Hospital quite well. The advantages of the operation without opening the sac, were well illustrated in the rapidity of the infant's recovery.—*Ibid.*

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Unusual Case of Stone.—A very curious and interesting case of stone was submitted to the ordinary lateral operation, for the second time, on the 7th inst., by Mr. Fergusson, at King's College Hospital. The patient was a lad aged fourteen, who had been cut for stone ten weeks before by the same surgeon, and two calculi of irregular shape extracted, but evidently portions of one stone, which weighed together nearly four ounces. This had not been detected before his admission. He went on well for two weeks, when he was suddenly seized with pain about the neck of the bladder, and this was followed by discharge of matter from the wound and also from the urethra. The pain extended up along the ureter to the kidney and right side of the belly; he, however, got well in two or three days. As the urine ceased to flow from the wound, he complained of pain at the neck of the bladder; and Mr. Fergusson again detected, without difficulty, a stone, which seemed to be too large to have passed from the kidney in such a short time; and it appeared doubtful to him whether he had not left a fragment in the bladder. He believed it better to submit him to another operation, and a long finger-shaped stone was removed, which broke in two in getting it away. It was formed over a nucleus of the size of a Barcelona nut, the diameter of which was nearly equal to the short axis of the calculus itself. It appeared most certainly too large a stone to have formed in

the bladder in so short a time as ten weeks. The nucleus was evidently from the kidney, and may have given origin to the calculus at the lower part of the ureter, thus forming an abscess which had burst into the bladder. The patient has progressed very well, and will probably make a good recovery. We may remark that Mr. Fergusson cut through the old cicatrix, as we have seen Mr. Price do at the Great Northern Hospital on his second and third operations upon the same patient.—*Lancet*, July 28, 1860.

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Rheumatic Pericarditis.—A well-marked example of this common result of rheumatism was observed lately in St. Bartholomew's Hospital. The subject of it (now convalescent) was a coalheaver, aged seventeen, who was admitted on the 30th of January, under Dr. Farre's care, with a second attack of rheumatism, the first having occurred four years ago. The present attack commenced in the heart, for there was very little, if any, affection of the joints—in fact, no attention was paid to them in consequence. The lad was very pale; there was a good deal of cardiac dulness, but no effusion into the pericardium, and no distress. Friction sound was general over the heart. This gradually ceased, commencing at the apex, and thence proceeding towards the base, so that on the fifth day it had disappeared. On the sixth, however, it could still be heard over the base. The pulse has been regular, and beats 100. The substance of the heart itself was unaffected. He was put upon digitalis and antimony for the first four or five days, to keep the action of the heart moderate; and calomel and opium were given; but the gums did not get sore even with the use of mercurial ointment. A blister removed all the pain. By the 5th of February, the friction-sound, as stated, had wholly ceased, but it returned at the base on the 6th, showing that the probable adhesion of the opposed surfaces was not complete. Dr. Farre believed that more benefit was to be derived, in a case of this kind, from blistering than leeching, and accordingly repeated the former, with mercurial liniment. At this time the pulse had fallen to 84. On the 13th of Febuary, the friction sound was still present at the base, heard on a level with the nipple close to the sternum; pulse 80, regular; and there was a little crepitation heard at the base of the right lung posteriorly, but not in the left. The calomel had been left off because it had purged him; it was, however, renewed in doses of a grain, with a sixth of a grain of opium, three times a day. He commenced to improve after this, and the friction sound wholly disappeared; he was then enabled to sit up, and, although pale, improved very rapidly in his general health.

As showing the sad consequences of rheumatism, we may just refer to two other cases, also under Dr. Farre's care. A little girl, ten years of age, was admitted, with general anasarca and ascites of six weeks' duration, from diseased heart. It appears she had an attack of rheumatic fever four years ago, and sixteen months afterwards a second, which were associated with heart symptoms. Lately she had a systolic murmur at the apex and base of the heart, and over the aorta; it could be heard, also, all over the chest. There was mitral valvular disease as well; the urine albuminous, and abdomen much swollen. Under the influence of elaterium and confection of cream of tartar all the anasarca has vanished, the ascites is less, and she is sitting up, much improved, and does not look like the same child. She subsequently took gallic acid, and then the sesquichloride of iron, with benefit.

In the next bed to hers is a young woman twenty-two years of age, who had her first attack of rheumatism at the age of eight years, and her second when she was fourteen, with heart disease. She was also in the hospital some months before with the old heart disease, at which time the cardiac sounds were double, representing four beats, as it were, from inflammation of one ventricle. Now she has bronchitis, besides her cardiac and rheumatic affections.—*Lancet*, July 28, 1860.

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LECTURE.

Clinical Lectures delivered at University College Hospital. By JOHN ERICHSEN, Esq., Prof. Surg. and Clinical Surgery.

LECTURE I.—*Treatment of Varicose Veins of the Legs and of Varicocele.*

GENTLEMEN: I am about to direct your attention to-day to the treatment of a disease of sufficiently common occurrence; namely, varicose veins.

Varix may occur wherever the veins of a

part are subjected to pressure, and is met with most commonly in those of the lower half of the body. In the inferior extremity this is owing partly to pressure of the abdominal viscera on the inferior cava, partly to the weight of a long column of blood in the vein, partly to the pressure inflicted on the deep veins during muscular action, causing obstruction to the onward flow of the blood. The veins of the spermatic plexus also are frequently the seat of varicose enlargement, from causes of a similar nature.

Varicose veins of the lower extremity, in the majority of cases, do not give rise to sufficient annoyance to need operative interference. Usually, palliative treatment, such as the pressure of bandages, elastic stockings, etc., suffices to alleviate the slight inconvenience occasioned by the loaded state of the superficial veins. It occasionally happens, however, that this condition leads to such consequence as to produce serious interference with the health and comfort of the patient. In such cases palliative measures are no longer of service, and it behoves the surgeon to effect the radical cure of the varix by operation.

Operative interference, in varix of the lower extremity, may be rendered necessary by three conditions.

1. The veins being of very considerable size, and very tortuous, they may, by compressing the nerves, produce so much pain, and so great a sense of weight in the limb, that the sufferer is unable to make any exertion, being even crippled, and so far disqualified from entering the public services in a naval or military capacity.

2. When an ulcer occurs, and refuses to heal, in consequence of congestion of its capillaries, the granulations becoming œdematous, and the surface sloughy and unable to cicatrize.

3. If a varicose vein has burst, as it is called, that is to say, it has opened by an extension of an ulcerating surface through its walls, an abundant, alarming, and even fatal hemorrhage may take place.

These are the three reasons for operating in cases of varicose veins situated in the lower extremities. Surgeons, however, have generally been loth to operate in these cases, because they have dreaded the effects of exciting inflammation in the veins, which may become suppurative, and so run on to pyæmia. This danger does exist, undoubtedly, but it must be exceedingly trifling if the operation is properly conducted; for, on looking over my records, I find I have operated more than two hundred times, in this hospital, in such cases, and have never lost a patient, nor ever had a case of suppurative phlebitis or of pyæmia. The danger is slight, if the precaution of not opening the veins is followed. If the vein be opened, air is admitted into the wound, and the adhesive inflammation is not set up, but the suppurative form arises in its stead, whereby pus may get into the circulation, and pyæmia follow. Therefore, the chief object is to confine all inflammation to the adhesive kind; whilst this is present, there is no danger.

There are many modes of treatment in varix, all having one object in view—viz., that of causing occlusion of the vein by the adhesive inflammation. But, in my opinion, all measures should be avoided which include opening the vein, whether this be done by caustic or by the knife, as they are extremely dangerous, by leading to suppuration within; so, also, are those plans of treatment by which we break down the exuded lymph and coagula, or open up the vein even when occluded.

I shall not enumerate all the methods before the profession for the radical cure of varix, but proceed to describe those which I have for many years successfully employed in this hospital. The plan I ordinarily pursue, and which you have seen me adopt dozens of times, is as follows: A hare-lip pin is passed underneath the vein on one side, and its point brought out on the other, a piece of elastic bougie, about an inch in length, is then laid over the vein parallel to its course. Then, by means of a silken thread twisted over the bougie and under the two ends of the pin, the vein is compressed between the pin and bougie. In performing this operation, there are one or two little points to be observed. The first is to be careful not to transfix the vein with the pin; if the vein be opened, and the pin lie across it, there is danger of suppuration, as the pin acts as a kind of seton in the vein. This inadvertence is avoided by dipping the pin deeply, whilst passing it under the vein. In this way, there is no risk of piercing the vessel. If a drop or two of venous blood exude, by the side of the pin, through the puncture, the vein has been perforated, and the instrument should be withdrawn, and passed again. If the vein

is unharmed, the operation is bloodless. The second point is, that the ligature should not be so tight as to cause ulceration by strangulation of the parts compressed. If the thread be moderately tight only, and the pin made, as it generally now is, of unoxidizable iron, it is quite passive, and does not rust, hence excessive irritation is avoided. The bougie and pin should remain about ten days, at the end of which time the vein is converted into an impervious cord of plastic matter and coagulum. When this is attained, the pin may be removed, the limb bandaged, and the patient may leave his bed.

It has been objected to this and to all other operations for varix, that the cure is not permanent; that the varicose condition is apt to return; that the same veins perhaps are not affected again in this manner, but that others speedily assume a dilated and tortuous state. No doubt this is the result in some instances, but in many cases which I have had an opportunity of examining years afterwards, the cure has been permanent; and, in the meantime, the object for which the operation was undertaken is served.

Another method which is much used in France, and which I have occasionally employed myself in this hospital for some years past, is that of injecting a small quantity of a solution of the perchloride of iron, of a specific strength, into the veins, by means of Pravaz's screw-syringe. In this way the blood contained in the dilated vessel is made to coagulate, and thus the passage through the vessel is occluded. The adhesive inflammation at the same time being excited, permanent obstruction is attained, and a cure effected. This, though a valuable means when the vessels are knotted and sacculated, is not, I believe, so good a one as the pin and ligature, because I have seen it followed, in two or three of the cases in which I have had occasion to use it, by circumscribed abscesses, and even sloughing of the adjacent parts, though no fatal result has, as yet, occurred in my practice. On this account, I consider this mode of treatment undoubtedly more dangerous; and I think it ought to be confined to the cure of those cases only where the knots are so large, and so closely matted together, that the pin cannot be passed underneath them.

The next distribution of veins liable to varix is that formed by the spermatic plexus. Dilatation of these vessels—varicocele—is often met with in young men; and much benefit can be afforded by palliative means, such as supporting or compressing the tumor in various ways; for instance, by raising the scrotum in a suspensory bandage, or by wearing a mocmain truss, etc., and one or other of these contrivances generally gives sufficient relief for the patient's comfort. But I have found it necessary to have recourse to more active measures than these, and to adopt operative treatment in three of the cases which have presented themselves during the present session. The circumstances for which operation may be and has been practised, in these and similar cases, can be arranged in the four following categories:—

1. The existence of a varicocele disqualifies the sufferer from admission into the public services. This, in my opinion, is a perfectly legitimate reason for operating. One of the cases on whom I recently effected a radical cure, was that of a man in the prime of life, who, wishing to enlist in the Marines, was refused solely on the ground of having a small varicocele. This I cured by operation, and the man afterwards entered the service.

2. In cases in which the presence of a varicocele of inordinate size causes a distressing sense of weight and pain in the loins and groins, and often inability to stand or walk for any length of time, in these cases, when the patient is in continual discomfort, or more or less prevented from pursuing his ordinary avocations, in fact, quite crippled, it is perfectly justifiable to resort to operation.

3. When atrophy of the testicle is a consequence of the pressure of the blood in the veins.

4. In cases, also, where the pressure of the enlarged veins on the spermatic nerves produces repeated attacks of spermatorrhœa; and these cases, gentlemen, are by no means uncommon. These are, however, more frequently met with out of the hospital than in individuals of the class who apply to such institutions for relief. In fact, young men of the more highly educated classes are very subject to it, especially those who habitually lead a sedentary and studious life, as, for instance, young clergymen and lawyers. In these persons a peculiarly hypochondriacal state is brought on by the tendency of the mind to dwell on

the condition of the genital organs, and the patient is constantly fidgeting about the local and tangible disease he observes in them. This was the case in the patient on whom you recollect I operated a short time ago for double varicocele, and who has received a better education than most hospital patients, for he belongs, in some degree, to the medical profession. His anxiety with regard to this disease, though the veins affected have been perfectly occluded by the method presently to be described, is still so great that, at his earnest importunity, I removed, last week, a portion of the scrotum which happened to be rather more pendulous than is usual, partly in order better to support the testis, and partly that his morbid feeling on this subject might in some degree be assuaged.

Now, how should the radical cure of this condition be produced? To this I would answer—By exciting adhesive inflammation of the spermatic veins, through an application of the same principle which sets up that process in the veins of the lower extremity. There are several different ways of doing this; some are very objectionable. The twisted suture, as applied to the veins of the leg, induces too great irritation in the scrotum, and there its introduction is often followed by violent inflammation or sloughing, or by an opening up of the cellular tissue of the scrotum with œdema, and even purulent infiltration. It is better, I think, not to use this method here, indeed I have twice, in the practice of others, seen it followed by death. The plan I have adopted for some years, is that suggested and practised by Vidal, a distinguished French surgeon, and is as follows: The vas deferens, readily distinguished by its round cord-like feel, is first separated from the veins, and entrusted to an assistant; next an iron pin, bored with a hole at each end, is passed between the vas and the veins, and brought out, first notching the scrotum with a scalpel at the point of perforation; then a silver-wire, threaded on a needle so constructed that the wire shall follow it without catching, is passed in at the aperture of entry of the needle, and then carried between the integument of the scrotum and the veins, the wire is brought out at the second puncture. Each end of the wire is now passed through the corresponding hole of the pin, which is twisted round and round repeatedly, each turn causing the wire to be rolled around the pin, and so tightened till the veins are firmly compressed between the pin behind and the loop of wire in front. By this means the scrotum is quite free and uncompressed, and there is no danger of arousing inflammation or œdema. The wire should be tightened from day to day, as it causes ulceration in the veins until it has completely cut through, which results, usually, in about a week or ten days. Meanwhile there is much plastic matter thrown out around the veins; this finally contracts, and obliterates their channels. This method is an effectual and permanent cure, as we had an opportunity of seeing in the case of a porter at this hospital, on whom I performed this operation with perfect success, for he remained here for three years after the operation, during which time he was perfectly free from any return of his disease. Of late, I have been in the habit of employing a simpler method, one which you saw me adopt about ten days or a fortnight ago. I separated the vas in the usual way, and then made a small incision, about half an inch long, in the front and back of the scrotum, afterwards passing a needle armed with silver-wire, as before described, between the vas and the veins, bringing it out behind, then returning the needle, but this time carrying it in front, between the veins and the skin, and so including the veins in a loop of wire, without implicating the scrotum. This is then tightly twisted together, so as to constrict the inclosed vessels. This plan had a similar effect to that of the wire and pin combined; by repeated tightening the wire gradually effected a passage, by ulceration, through the veins, which were obliterated by the same process.

It has been objected to this and similar operations, that atrophy of the testis may take place from its arterial branches being included together with the veins, but as the spermatic artery runs near to the vas deferens, and is held out of the way with that duct, it escapes, and the chance of that mischief is avoided. Nevertheless, atrophy of the testis may coexist, as the result of long-continued pressure of the blood in the vessels of the gland before the operation was performed.—*British Med. Journ.*, Feb. 25, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Registration of Births, Marriages, and Deaths.—[We lay before our readers the following act, which was passed at the lsst session of the Legislature of Pennsylvania, and which went into operation on the 1st of July last.

It has been prepared with great care, and if fully carried out, will furnish a vast amount of useful information. It applies only to the city of Philadelphia, but it is to be hoped that all the counties of the State will petition the legislature to have it extended to them.]

An Act for the Registration of Births, Marriages, and Deaths in the City of Philadelphia.—Sect. 1. *Be it enacted, &c.*, That from and after the 1st day of July next, the City Commissioners of the City of Philadelphia shall supply the Health Officer with separate books, in which he shall register, in the manner hereinafter directed, the returns made to him of the marriages which may be contracted, and of the births and deaths which may occur within the said city; he shall also cause an abstract of the same to be made in the month of February next ensuing, and annually thereafter in said month, to the City Councils, through the Board of Health, which abstract shall contain a statement of the marriages solemnized, and of the number of births and of deaths, with the reported causes thereof, which have occurred in the said city during the year next preceding the first day of January, with such other information and suggestions in relation thereto as he may deem of practical utility for the promotion of public health, and of general interest to the city.

Sect. 2. It shall be the duty of clergymen of all denominations, of clerks or keepers of the records of all churches and religious societies, as also of every magistrate, and of other persons by or before whom any marriage may hereafter be solemnized or contracted, and of every practising physician, and of every practitioner of midwifery, and of every undertaker and superintendent or sexton of any cemetery or burying-ground in the said City of Philadelphia, on or before the first day of July next, ensuing (the day in which the law goes into effect), to report his, her, or their names and places of residence to the Health Officer, at the office of the Board of Health; and it shall be the duty of the Health Officer to have the same properly registered in index form, in suitable books to be furnished by the City Commissioners at the order of the Board of Health. In the event of any of the persons above specified, removing to any other place of residence, it shall be their duty to notify the Health Officer of the fact within thirty days after such removal, except where the persons removing shall cease to act in such official capacity as makes them subject to the provisions of this act.

Sect. 3. That whenever any person shall die in the City of Philadelphia, it shall be the duty of the physician who attended during his or her last sickness, or of the coroner when the case comes under his notice, to furnish, within forty-eight hours after the death, to the undertaker or other person superintending the burial, a certificate, setting forth, as far as the same can be ascertained, the full name, sex, colour, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sect. 4. No person having the charge as sexton or otherwise of any vault, burying-ground, or cemetery, within the said city, shall inter or allow to be interred, or place or allow to be placed, in any vault, burying-ground, or cemetery, the dead body of any person; nor shall any undertaker or other person remove the dead body of any person who has died in the said city, and has not been buried, to any place beyond the limits of the said city, without first procuring the certificate of the attending physician, or of the coroner. To said certificate the undertaker or other person having charge of the body shall, as far as can be ascertained, add the occupation of the deceased, the place of birth, the ward, street, and number of the house in which the death occurred, the place and date of interment, and where the deceased is a minor, the full names of the parents. In case any person shall die without the attendance of a physician, or if the physician who did attend at the time of the death refuses or neglects to furnish a certificate as aforesaid, it shall be the duty of the undertaker or of any other person acquainted with the facts, to report the same to the Health Officer, who shall be authorized to give a certificate of death as aforesaid, provided it be not a case requiring the attendance of the coroner. Every sexton

or other person having charge of any vault, burying-ground, or cemetery within the said city, and every undertaker or other person who shall remove any dead body from or out of the said city, shall return the said certificates to the Health Officer before 12 o'clock M., on the Saturday of every week, accompanied by a schedule of the same, which returns shall be published weekly by the Health Officer, in such manner as may be designated by the Board of Health.

Sect. 5. In case any physician, or the coroner, shall refuse or neglect to furnish such certificate as aforesaid, he shall forfeit and pay the sum of five dollars for each offence, and every undertaker, sexton, or other person removing the dead body of any person, or having charge of any vault, burying-ground, or cemetery, who refuses or neglects to perform any of the duties required by this act, shall forfeit and pay for every such offence the sum of twenty-five dollars, which sums shall in every case be recoverable in the manner, and for the uses prescribed in an act entitled "An act for establishing a Health Office, to secure the City and Port of Philadelphia from the introduction of pestilential and contagious diseases, and for other purposes."

Sect. 6. That every person practising midwifery, in the city aforesaid, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule, to be furnished by the Health Officer. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, colour, the full name and occupation of its parent or parents, the day and place of its birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the first day of each and every month, to the Health Officer, or to any other authorized person calling for the same. In case the birth of any child shall have occurred without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Health Officer in the manner and form, and within the period above required.

Sect. 7. That it shall be the duty of every clergyman, and every magistrate, and of the clerk or keeper of the records of all religious and other societies, and of every other person, by or before whom any marriage may hereafter be solemnized or contracted, to make a faithful return of the same at the expiration of every three months to the Health Officer, in the form of a certificate, which shall set forth, as far as the same can be ascertained, the full name of the husband, his occupation, the place of his birth, his residence and age, the date of marriage, the full name of the wife previous to the said marriage, and her age, the colour of the parties, and the place where, and the name of the clergyman or other person by whom the marriage ceremony was performed.

Sect. 8. That every clergyman, and every magistrate, and every clerk or keeper of the records of all religious societies, and every practising physician, and every person practising midwifery in the city aforesaid, and every undertaker and superintendent or sexton of any cemetery or burying-ground, in the City of Philadelphia, who shall neglect or refuse to leave his or her name and place of residence at the Health Office as herein provided, and who shall refuse or neglect to perform any other of the duties required as aforesaid, shall forfeit and pay for each offence the sum of ten dollars, to be recovered in the manner and for the uses prescribed in an act entitled "An act for establishing a Health Office, and to secure the City and Port of Philadelphia from the introduction of pestilential and contagious diseases, and for other purposes."

Sect. 9. That the books or registers kept by the Health Officer, or a certificate duly certified by him, and authenticated by the seal of the Health Office, as containing a copy of the record of any marriage, birth, or death, shall hereafter be admitted in any court of the State as *prima facie* evidence of said marriage, birth, or death.

Sect. 10. That the registry of marriages, births, and deaths, shall be kept in separate books: and there shall be general indexes to the record of all marriages, births, and deaths, which indexes shall also be kept in separate books.

Sect. 11. That the Health Officer shall receive for the use of the Board of Health

fifty cents for granting a certificate or certified copy of the record of any marriage, birth, or death, and ten cents for making a search for either a marriage, birth, or death, which sums shall be paid by the party applying for the certificate or search; but the said registers shall at all times be accessible to physicians, clergymen, and lawyers, without charge.

Sect. 12. That in order to secure uniformity and dispatch in the registration herein provided for, the books shall contain upon the margin of each page printed titles, with corresponding blanks for suitable entries for marriages, births, and deaths, in the order (to wit):—

MARRIAGES.

Full name of the husband,
Occupation,
Residence,
Birthplace,
Age when married,
Full name of wife previous to marriage,
Residence,
Birthplace,
Age when married,
Time of marriage,
Colour of the parties,
Ceremony employed,
Name of person pronouncing the marriage,
Residence of the last named person,
Date of certificate,
Date of registration.

BIRTHS.

Full name of the child,
Sex,
Colour,
Full name of the father,
His occupation,
Full name of the mother,
Day, month, and year of the birth,
Street and number of house where born,
Name of the physician or other person signing certificate,
His residence,
Date of certificate,
Date of registration.

DEATHS.

Full name of the deceased,
Colour,
Sex,
Age,
Married or single,
Occupation,
Birthplace,
Date of death,
Cause of death,
When a minor, the name of the father and mother,
Ward, street, and number of house,
Date of burial,
Date of certificate,
Date of registration.

Sect. 13. The Health Officer, at the expense of the Board of Health, shall keep on hand at all times, a supply of blanks for gratuitous distribution to all persons whose duty it shall be to make returns under this act. The said blanks shall be prepared in the form of books, and the margins shall correspond with the printed titles in the books of the Health Officer, as required by the twelfth section of this act. Provided that all books, blanks, and stationery necessary to be used in carrying out the intent and meaning of this act shall be furnished upon an order from the Board of Health by the City Commissioners, and shall be paid for by Councils, and that the Health Officer, in consideration of such additional services, shall receive the sum of two hundred dollars besides his present salary, to be paid to him in the manner now directed by law.

Sect. 14. All acts or parts of acts inconsistent herewith, or supplied by this act, are hereby repealed.

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Death from Inhalation of Chloroform at Bellevue Hospital, New York.—This occurred on the 1st of August last in a man forty years of age, who had a chancre on the penis, and to whom chloroform was administered preparatory to the operation of circumcision. The post-mortem examination revealed fatty degeneration of the heart, and an apoplectic condition of both lungs. This is the second death from chloroform which has occurred in Bellevue Hospital within the last twelve months.—*American Med. Times*, Aug. 11, 1860.

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Precocious Mother.—Among the illegitimate births in Massachusetts during the year 1858, the following is recorded in the *Seventeenth Registration Report*, as worthy of especial notice from the extreme youth of the mother:—

"Elizabeth D.—— was born of native parents, in the almshouse at Taunton, May 24, 1847, and at the same place she became the mother of a healthy boy, on the first day of February, 1858, being only *ten years*

eight months and seven days old. This appears to be a rare case in this climate, but is well attested by the physician (Dr. A. Baylies) of the almshouse at Taunton, who officiated professionally both at the birth of the young mother, and at that of her "hopeful son." This boy weighed eight pounds at birth, and at the age of eighteen months it weighed thirty-seven and a half pounds, and was in the enjoyment of robust health.

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Philadelphia Hospital, Blockley.—At a meeting of the board of guardians, held on the 30th of July last, the following medical officers were elected for the ensuing year:—

Physicians.—Drs. J. Da Costa, J. L. Ludlow, C. P. Tutt, and O. A. Judson.

Surgeons.—Drs. S. D. Gross, D. H. Agnew, R. J. Levis, and R. S. Kenderdine.

Accoucheurs.—Drs. R. A. F. Penrose, L. D. Harlow, W. D. Stroud, and Geo. J. Zeigler.

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National Medical College (Department of Columbian College), Washington, D. C.—We have received the annual circular of this institution for 1860-61, and observe that considerable changes have lately been made in the faculty, which is now a strong one, and is constituted as follows :—

Thomas Miller, M. D., Emeritus Professor of Anatomy and Physiology and President of the Faculty; James J. Waring, M. D., Professor of Obstetrics and Diseases of Women and Children; John G. F. Holston, M. D., Professor of the Theory of Surgery; John C. Riley, M. D., Professor of Materia Medica, Therapeutics and Hygiene; Nathan Smith Lincoln, M. D., Professor of Anatomy and Physiology; Rob't King Stone, M. D., Professor of the Practice of Surgery and Clinical Surgery; A. Y. P. Garnett, M. D., Professor of Clininal Medicine; George M. Dove, M. D., Professor of the Theory and Practice of Medicine; George B. Schaffer, Professor of Chemistry. William E. Waters, M. D, Demonstrator of Anatomy. Frederick Schafhirt, Naturalist, Janitor, and Curator of Museum. Jno. C. Riley, M. D., Dean.

The next session (the 39th) will begin on Monday, Oct. 15th, and end on the 1st of March next.

The number of students the past session was eighty-three.

Société d'Anthropologie de Paris.—Dr. J. Aitken Meigs, of this city, has been elected Foreign Associate Member of this society upon the proposition of M. M. J. Geoffroy St. Hilaire, Beclard, and Broca.

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Physician's Visiting List, Diary, and Book of Engagements.—Messrs Lindsay and Blakiston have issued this highly useful companion for the medical practitioner for the year 1861. It was the first in this country, and we think is the most compact and convenient of this class of publications.

FOREIGN INTELLIGENCE.

British Association for the Advancement of Science.—The meeting, held this year at Oxford, from June 27 to July 4, though less numerously attended than was anticipated, was an interesting one.

We present a notice from the *Lancet* (July 7, 1860) of the medical papers presented:—

"The sub-section of Physiology was opened by a most eloquent address from Dr. Rolleston, the new Linacre Professor of Physiology in the University. It abounded in matter connected with this branch of study, contained many classical quotations from ancient writers, and referred to many of their views.

Professor Carus, of Leipsic, read a paper on the Lepticephalidæ (a species of fishes), in which their anatomy and systematic position were considered. From the researches he had made, he clearly proved that these animals are merely the larval forms of other fishes, and that they should be erased from the position they have hitherto occupied. They are not destitute of a spleen, although it is difficult to find, being not larger than a small pin's head. They possess no ribs, but merely fibrous filaments; there is not a trace of generative organs to be met with, and the skin is entirely destitute of scales. An animated discussion ensued, in which Professor Huxley and others agreed in the views of the author.

A paper was then read by Dr. Edward Smith, in which the Action of Tea and that of Alcohol were contrasted, embodying the results of various researches he had made on the subject. He proved that the consumption of tea is increasing in all parts of

the world, that it is beneficial and nutritive, and that the consumption of alcohol is decreasing. He gave the effects of each on the system, and showed the difference between the two; also the conditions in which tea was applicable and inapplicable. He showed the essential differences between the effects of coffee and of tea on the system, and all the highly interesting experiments referred to were chiefly performed upon himself and another person. An animated discussion took place, in the course of which Mr. W. Milner, surgeon to the Wakefield Prison, detailed a series of experiments, made with permission on the prisoners, concerning the use of tea and other substances. His observations went to prove the correctness of Dr. Smith's statement, that tea does diminish the weight of the body, unless given with solid food. Dr. Smith asserts that the use of tea increases the waste of the tissues.

A paper by Sir Charles Grey, on Asiatic Cholera, was read by the Secretary, in which the question was submitted whether diluted nitro-muriatic acid applied externally would not be a suitable remedy for the disease, introducing chlorine in this way more readily into the blood, and more speedily exerting its influence upon that fluid than calomel. Sir Charles is not a medical man, although he has seen much cholera abroad.

Mr. Garner read a paper on Certain Alterations in the Medulla Oblongata in Cases of Paralysis. The author showed that atrophy of the columns of the medulla oblongata, in cases of continued paralysis, is not rare; and touched upon the probability of an arrangement in the spinal cord by which the separate action of the extensor and flexor muscles in tetanus, &c., is caused. He illustrated the intimate connection of the olivary bodies with the posterior part of the medulla oblongata by tearing it down longitudinally, when they will always be drawn out backwards with that part. The author connected the olivaries with speech and respiration. The paper also described the varied insertion of the optic and olfactory nerves into various parts of the encephalon, according as they were associated with the intellectual or locomotive functions. He did not believe in any distinct separation of the upper and lower columns in the invertebrata.

A novel and striking discovery was brought before the Zoological Section, by Mr. J. O. Westwood, on the existence of a Lepidopterous Parasite in the *Fulgora Candelaria*. This latter is a luminous insect, well known in Eastern Asia and China. The surface of its body secretes an abundance of white wax, which forms the food of numerous parasites, and in which they change into pupæ, and subsequently a perfect lepidopterous insect. Specimens of both were shown, and much interest was manifested in the discovery. Although the fact is well known that many insects are infested by parasites, yet here would seem to be a wonderful provision of Nature, in one insect secreting a certain substance to form both the food and bed of another.

Dr. Lewis exhibited a new Hydrospirometer, which would answer where extreme accuracy was not required. Its cost would not exceed 15*s*.

On the Development of Buccinum, by Mr. John Lubbock, and on the Development of Pyrosoma, by Professor Huxley, were two papers which elicited a lengthy discussion on what were some interesting discoveries in relation to these genera of animals.

Contributions to the Theory of Cardiac Inhibition, formed the subject of a communication from Dr. Michael Foster. A series of experiments were detailed, illustrating the action of various degrees of intensity of the galvanic current upon the contraction of the heart, through the agency of the pneumogastric nerves. These experiments were chiefly confined to the snail, but the crab and other animals were likewise operated upon, with results proving the inhibitory action of the heart.

'An Experimental Inquiry into the Mode of Death produced by Aconite,' by Dr. E. R. Harvey, was next read. The author's experiments, which were performed on dogs, rabbits, and frogs, went to prove that aconite acts first on the nerves and then on the muscles, killing by its action on the heart; the blood and urine were found normal. Fleming's tincture was the preparation used. Amongst the various speakers was Sir Benjamin Brodie, who referred to his own experiments made many years back, in which he had used the expressed juice of aconite. It acted as a narcotic, and arrested respiration firstly; and he had no doubt that, if artificial respiration had been tried, the animal would have recovered, as

in cases of poisoning by woorara. It seemed to him not improbable that different preparations of aconite produce various effects. Dr. Sharpey observed that, in some former experiments he had made with aconite, he obtained the same results as Dr. Harvey—namely, the action of the heart was stopped, and the irritability of the muscles was extinguished; the nerves, also, leading to the affected muscles were deprived of their excitability.

The subject of Chloroform was brought before the Physiological section, in a paper sent by Dr. Charles Kidd 'On the Nature of Death by Chloroform.' The author considered death to be the result of reflex action through the lungs, and not from cardiac syncope, as was supposed. He had tabulated 100 deaths from chloroform, and 25 from ether, in which it was shown, in regard to the former, that the fatal result had taken place chiefly from small doses *before* anæsthesia was established, and, curiously enough, when it was given for the most trivial operations, such as the removal of toe-nails, &c. Amongst a number of speakers who took part in the discussion on this paper, none seemed to agree as to the exact cause of death; that, Mr. Busk said, had yet to be determined by further experience. Some accidental circumstance was looked upon as a cause, in which shock had much to do. Dr. Priestly related an instance in which the heart continued to beat for some time after respiration had ceased, thus favouring Dr. Kidd's views. Dr. Rolleston, Mr. Busk, Dr. Grailly Hewitt, Professor Corbett, and others, took part in the discussion.

The subject of Deodorization of Sewage was brought before the Chemical Section by Dr. Bird.

The value of Systematized Exercise on the Expansion of the Chest was satisfactorily proved by Mr. Archibald M'Laren, in a communication made to the Physiological Section. He has a gymnasium in connection with the university, and by systematized exercise has obtained two inches' increase of expansion of the chest in every freshman three months after his arrival at Oxford.

The minute structure of the Lepadidæ, a variety of the barnacle tribe, which infests the bottoms of ships, was investigated by Mr. Garner, and many new facts about these animals were announced, particularly the discovery of true eyes.

Dr. Gibb read an interesting paper on Saccharine Fermentation within the Female Breast, and its Influence on the Child. He showed that from various causes of a constitutional nature, in which the nervous system played an important part, the saccharine element of the milk underwent fermentation at the moment of its secretion, and gave rise to the generation of two species of animalcules—namely, vibriones and monads. The milk containing these was usually rich in sugar, but, owing to the fact of its having undergone fermentation within the gland itself, its healthy character was destroyed, and it was not therefore capable of assimilation within the stomach of the infant, as evidenced by the most extreme degree of emaciation—in fact, the child was undergoing starvation. The animalcules were developed within the breasts. The author had proved the correctness of his views in a series of experiments and researches into this question since 1854. In the discussion which ensued, much credit was given to the author for his labours in this novel field of inquiry; and numerous questions were put to him in relation to the condition of the blood and other fluids, in such conditions as he had described.

Professor Corbett read a paper on the Deglutition of Alimentary Fluids, in which he attempted to prove that the epiglottis did not always fall back upon the glottis during the swallowing of fluids. This was denied by some of the speakers, who thought it always did occur.

One of the most valuable papers of the Physiological Section was an elaborate one from Mr. Arthur E. Durham, being an experimental inquiry into the Nature of Sleep. He described the appearances of the brains of animals, as evidenced through openings made in their skulls, and supported by a process of ingenious reasoning his hypothesis upon this most important subject. Mr. Durham stated that during sleep the brain was pale, and comparatively bloodless; that during functional activity the pia mater and brain substance were highly injected, and full of rapidly moving blood. He suggested that the increased amount of oxygenated blood coursing through the vessels during wakefulness was the cause of the functional activity of the brain, and that the opposite state of the circulation gave rise to the cerebral inactivity of sleep. The state of sleep was accurately distinguishable

from that occurring in all varieties of coma. Mr. Durham's views were ably supported by Professor Draper, of New York, but dissented from by Dr. Beale.

Dr. R. M'Donell considered the subject of Sugar and Amyloid Substance in the Animal Economy, and detailed a number of experiments.

M. Ollier, of Lyons, exhibited a series of specimens illustrating the Artificial Production of Bone and Osseous Grafts. His observations were wholly in French, and a portion of the discussion was in the same language. In one specimen the radius had been wholly removed, leaving the periosteum entire, and the bone was reproduced. In a similar experiment, with the removal of the periosteum as well, there was no regeneration of bone. He transplanted portions of periosteum round the muscles of the thigh, and they secreted bone. This was done in the form of strips twisted round, and they secreted bone of a spiral shape. In fact, any form of bony secretion can be obtained almost at the fancy of the experimenter. M. Ollier transplanted portions of periosteum from one part of the body to another, beneath the skin of the head and elsewhere, and not in contact with bone, and obtained bony secretions from them. This could also be obtained by transplanting this membrane from one animal to another. He transplanted entire bones and portions of bones with their proper membranes, and they retained their vitality; if the membranes were removed in these experiments, the bones died, and suppuration ensued. All these osseous secretions possessed the true and normal characters of bone. The specimens clearly proved all the author advanced, and it would seem that the periosteum is the true secreting membrane of bone, and that it can be grafted in a manner similar to that of plants, and will, as it were, take root and grow.

Dr. Radcliffe showed a number of experiments on Muscular Action in an electrical point of view. These were on the limbs of frogs, and were made with the aid of an electric battery.

Dr. Beale demonstrated, by a series of preparations and diagrams, how every elementary Fibre of Striped Muscle was abundantly supplied with Nerves. He believes that every single fibre receives one or more nervous fibres, which will be found hereafter to account for complicated muscular movements. Wherever these minute nerves are distributed are found little oval bodies, which are the means of communication between the muscular and nervous fibres. These nerves are found to be more numerous in some muscles than in others—the tongue and diaphragm, for example—and are surrounded by multitudes of these oval bodies. The nervous fibres are constantly undergoing decay and being reproduced. Dr. Beale's discovery is one of considerable value in physiology, and much importance was attached to it by the Association.

Professor Van der Hoevan made some remarks on the Anatomy of "Potto," a curious species of small monkey from Borneo.

Dr. B. W. Richardson read a lengthy paper on the Influence of Oxygen on Animal Bodies. He enumerated a series of laborious experiments on the inhalation of oxygen. By these he established two major propositions: 1. That the influence of pure oxygen on animals varies according to the animal, being most marked in those of quick respiration and high temperature, and less marked in those of feeble respiration and lower temperature. 2. That oxygen gas, breathed over and over again, and freed entirely from any substances which we as yet know as products of respiration, loses the power of supporting life, the vital process ceasing, not from the introduction of a poison, but as by a negation, or a withdrawal of the vivifying principle.

The Physiological Relations of the Colouring Matter of the Bile was the subject of the next paper, by Dr. Thudichum. He had subjected various specimens of Chlorochrome (as he proposed to term the substance) to chemical analysis, and found that it was an amido-acid, and nearly related to the other acids of the bile. Its precipitation from solution in bile, when it occurred already in the gall-ducts, by a process closely resembling that of putrefaction of bile in a bottle, was an ascertained cause of so-called idiopathic jaundice. He described various products of decomposition of chlorochrome; amongst them, chlorochromic acid, a substance which, microscopically, closely resembled hæmatoidine."

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Treatment of Gleet.—Every one knows how tiresome and difficult to cure a gleet may become, and how weary of each other

both patient and surgeon occasionally grow in consequence. A little "dodge," which may not yet have crossed the Channel, and which I have seen succeed here, when the whole armament of balsamics, injections, and derivatives had failed, is the following:—Take a moderate-sized wax bougie (the common yellow wax ones are the best), warm it slightly, and then roll it for a few seconds in well-powdered alum; when thoroughly whitened with the salt, roll it between the hands so as to press the alum well into the wax, and the instrument is ready for use. Make the patient micturate previously, and then pass your bougie, without the assistance of oil or cerate, as far as may be deemed advisable, cutting it off to within an inch of the orifice of the meatus, where it may be tied or not, and left for one hour each day. In this way a tiresome and refractory old gleet may be cured in ten days.—*Lancet*, July 28, 1860.

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Phthisis in Hysterical Subjects.—M. Beau in a clinical lecture given on the 4th of August at La Charité, spoke of the rare occurrence of phthisis in hysterical subjects. The cases which suggested his remarks were those of two females of middle age, at the present moment under treatment in his wards, both presenting the symptoms of the suppurative stage of consumption, and both having within a very recent period manifested unequivocal indications of hysteria. The coincidence of the two affections, he said, was rare—so rare, indeed, as to have led to the belief that the presence of the latter exercised a protective influence in the constitution antagonistic to the development of tubercle. The same immunity from phthisis had been observed in persons suffering from asthma and emphysema of the lungs. But this, also, was a general and not an invariable rule; and M. Beau expressed himself as confident that neither of these morbid conditions could be considered as incompatible with the tubercular diathesis; their coexistence was the exception, and not the rule, but quite sufficed to prove that hysteria possessed no power in preserving the patient from phthisis. M. Beau, in concluding, dwelt at length upon a symptom of phthisis which is hardly mentioned by any author on the subject, and yet an almost constant accompaniment of the malady in its progress. This is a pain felt on pressure in the popliteal region, or on the sides of the thigh, a little above the knee. It is fully as constant as the premonitory headache, so often amongst the earlier signs the only prominent one, and more reliable. This pain he terms "melosalgia."—*Lancet*, Aug. 11, 1860.

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Nerve Force.—Is nerve force a polar force?—is there any manifestation of current force in nerves during action?—are questions proposed for consideration by Mr. H. F. Baxter, in the *Edinburgh Philosophical Journal*, where he has published an account of his experiments, in which he employed—1. The galvanometer; 2. The galvanoscopic frog; and 3. A magnetized needle. He deduces the following conclusions: That nerve force *during* nerve action is not *current* force; that the electric condition of the nerve, as manifested by the nerve current, is not *converted* during nerve action into current force; that the electric condition of the nerve may be merely a condition for nerve action, perhaps a necessary condition; that the evidence is in favour of nerve force being polar; and that it is of a higher character than any other polar force, and that the conversion of electric force into nerve force *during* nerve action may be regarded as an open question.—*Med. Times and Gaz.*, July 21, 1860.

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Erysipelas in the Paris Hospitals.—The correspondent of the London Lancet (Aug. 11) writes as follows:—

"Erysipelas has been raging in the central Paris Hospitals for some weeks past, and at the Clinique more especially. At this latter nearly all the operations have been followed by this most distressing complication, and M. Nélaton has deemed it prudent to postpone treatment in several cases in consequence. The Hôpital Beaujon and the Lariboisière enjoy a perfect immunity from this scourge, thanks, no doubt, to their excellent hygienic arrangements, airy situation, and more spacious distribution. I believe we shall some day find out the mistake of planting great depôts for the sick in the centre of our cities, and, reversing the plan of centralization, retain simply receiving houses in town for the registration of patients, who will immediately, as on the field of battle, be conveyed by a sort of civil ambulance corps to the destined hospital, itself placed in the most healthy situation procurable, and at easy railway distance."

Foreign Bodies in the Respiratory Organs.—"If you examine," says M. Pouchet, "the bodies of animals, who live in our towns, and in our houses, you will be astonished at the enormous quantity of starch contained in their respiratory organs. In birds you will find it even in the middle of their bones. Particles of soot, filaments of the different kinds of textures of which our clothes are made, are also found there in great abundance. But the further the animal lives from a town, the more scarce become these bodies. In animals and birds living in the midst of forests, you will scarcely find any at all of them; in their case the respiratory apparatus is, on the contrary, filled with a large quantity of vegetable *débris*, chlorophylle, etc. I have found in the lungs of man the same atmospheric corpuscles as in animals. I found in two persons who died in one of our Hospitals—a man and a woman—and whose lungs I injected, a notable quantity of fecula, normal, or after panification, particles of silica, and fragments of glass; fragments of painted wood of a beautiful red colour; *débris* of clothes, and a larva of a microscopic arachnis still alive."—*Med. Times and Gaz.*, July 28, 1860.

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Fissiparous Generation.—M. Balbiani has performed further experiments on this subject. According to him it is a very common, instead of a very rare phenomenon as is sometimes thought. To witness its production, however, requires great delicacy of observation and manipulation. He says that he has seen one microscopic animal give birth by fissiparity to more than 2000 individuals in the course of seventeen days. M. Balbiani counts them by taking one from the number under the microscope, when they have reached fifty. He puts it in water containing none of the animals, and leaves it there until fifty more are formed, and continues thus as long as the phenomenon continues. He does not, however, consider the fissiparity as indefinite; a moment arrives when sexual generation becomes necessary for the transmission of life. A new argument this against spontaneous generation.—*Ibid.*

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Cholera in Spain.—According to late reports this epidemic is now committing terrible ravages in several southern districts of the Peninsula. For example, at Malaga 2267 deaths took place by that malady, from the 1st of May to the 29th of June last; of whom a large proportion were young persons. Accounts further state that, along the Mediterranean coast—at Motril, Adra, and Almeria, the disease has proved very prevalent; as likewise in Granada and Jaen, but especially at a place called "Gualchos," where 178 deaths occurred during the first six days the malady broke out, while only two cases recovered. It has more recently attacked the inhabitants of Baylen, which is on the great highway to Madrid; where, however, public health is said to be at present satisfactory. In consequence of this outbreak of pestilential cholera in Andalusia, much terror prevails amongst the population.—*Lancet*, July 28, 1860.

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The New Sydenham Society.—This Society seems to be in a flourishing condition. At its second annual meeting held in Torquay on the 2d of Aug. it was stated, 1st. That the society now numbers 2850 members, and is still steadily increasing. 2. That the second edition of the first year's volumes had been almost exhausted, and that it had reimbursed the expenses attending the reprinting. 3. That the Council had finally decided on the issue of an Atlas of Illustrations of Skin Diseases, to be selected chiefly from those published by Hebra, of Vienna. 4. The issue of the first fasciculus of these Portraits will take place for the current year, and will probably be ready in December. 5. The Council hopes to be able to issue for each year's subscription the Annual Year-book and a Fasciculus of the Portraits, and, in addition to these, two translated volumes. 6. Among the works at present in course of preparation are the second volume of "Frerichs on Diseases of the Liver;" "Vogel and Neubauer's Handbook on the Examination, etc., of the Urine;" "Casper's Medical Jurisprudence," and a reprint of "Smellie's Midwifery," with preface and annotations by Professor Simpson, of Edinburgh.—*Med. Times and Gaz.*, Aug. 11, 1860.

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British and Foreign Medico-Chirugical Review.—We learn that Dr. Sieveking, who has for several years very ably conducted this journal, is about to retire from the editorship.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Wine in Pneumonia.—The great value of wine, brandy, and other stimulants, in almost any disease of an asthenic character, or even in forms of acute disease which take on a low or asthenic type, is constantly observed in hospital practice. It was strikingly manifested in a man thirty-six years of age, who was admitted into St. Bartholomew's Hospital on the 16th of April, under Dr. Kirkes' care, with pleuro-pneumonia of the right lung. He was brought in in an exceedingly low and feeble condition, with pulse 136, small and weak, and soft in character. Consolidation of the lower part of the right lung was discovered, together with friction sound. He was put on small doses of Grey and Dover's powder, and three ounces of wine. This brought the pulse down to 124 next day, and the wine was increased to six ounces in the twenty-four hours. On the 18th the pulse was 100, and on the 19th 98; and the symptoms generally became alleviated. On the 21st, two ounces of brandy were ordered in addition to the wine; and by the 23d the solidified lung was undergoing resolution, fine crepitation being heard over the lately condensed portion. Dr. Kirkes reduced the brandy to an ounce per diem, continuing the six ounces of wine; and the man got so much better that he desired more food. Subsequently to this his recovery was gradual and complete; the wine and brandy being apparently the chief agents in bringing about a restoration of the normal condition of the lung. The patient was a labourer, and a strong man when well; but depletion would have proved a fatal measure. In London, at any rate, the majority

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of such cases require a stimulating and supporting treatment throughout.—*Lancet*, Aug. 4, 1860.

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Caries of the Skull—Epilepsy—Relieved by Trephining—Subsequent Death.—F. W., a cachectic man, aged 38, was admitted into Guy's Hospital, Feb. 14, 1860. He denied ever having received a blow upon the head, or of having been the subject of any syphilitic disease.

About ten months prior to his admission a swelling appeared over the left parietal bone, having been preceded for some few weeks by a severe burning pain in the part. He applied to a Metropolitan Hospital, where the abscess was lanced: little pus, however, made its escape, but from that time the discharge became profuse, and also very offensive. The pain in the part for the whole of this period had been very severe, at times rendering him almost wild; no remedies appeared to give him any relief. On February 10, four days previous to his admission into the hospital, on seeking advice, his head was probed. The operation gave him some pain, and an epileptic fit followed. It lasted some minutes, and when he recovered from it he found that he had lost the use of his right leg and arm.

On February 14 he was admitted into Guy's Hospital with partial paralysis of the right side of the body. The face was natural, betraying only an expression of great anxiety. Over the left parietal bone were several discharging sinuses, all communicating with roughened and nodulated inflamed bone. He complained of much pain in the head at the seat of disease, but otherwise all his functions appeared natural.

On the 17th he was again seized with a severe epileptic fit. A crucial incision was then made over the diseased bone, but without relief, as the fits returned, and continued for some hours. At this time the convulsions were most violent, chiefly affecting the right side of the body and the left side of the face, the diseased bone being situated on the left side of the head.

Mr. Bryant was called to see him, and as the local character of the disease indicated local irritation, which would account for the convulsions of the right side of the body and left side of the face, he determined to trephine the part, as death appeared quite imminent. The operation was accordingly performed, much care being necessary, as the bone cut soft and cheesy, a large circle was removed, exposing an inflamed, adherent, and granulating surface of the dura mater. Upon the inner table of the circle of bone which was removed, was visible a distinct nodule of new bone piercing inwards, of a nipple shape. The fits ceased after the operation, and when the man recovered he expressed himself as well. All pains in the head had ceased, and the paralysis gradually disappeared.

Upon the 24th, however, a slight epileptic attack recurred, but after that date no repetition of the fits occurred for two months. The paralysis of the limbs disappeared, all headache left, and the opening made in the skull gradually filled in; the bone, however, was still inflamed and roughened. Two different attempts were made to remove some diseased bone, but without success, some small pieces only coming away.

On April 24 the epileptic attack reappeared, and recurred at short intervals till June 14, when he died, with hemiplegia attended with some symptoms of pyæmia.

It is an interesting point, as pointed out by Mr. Bryant, that this patient during the whole of his attacks had never lost his consciousness. He knew and felt all that was going on, but was unable to speak or to make his consciousness known. In genuine epilepsy the reverse exists; unconsciousness is a prominent symptom, and it is worth note that Dr. Bright pointed out this distinction as a valuable means of diagnosis of epilepsy as caused by some cerebral disease, or as depending upon some external source of irritation of the brain structure.—*Med. Times and Gaz.*, Aug. 18, 1860.

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Good Results of the Amputations at St. George's Hospital.—While we are on the subject of amputations, we may refer to the successful termination of the great majority of those recently performed at St. George's Hospital. For a time, most of the wards of this institution were so unhealthy that a considerable number of capital operations ended badly, as we learnt from personal observation and from the testimony of some of the medical officers. In consequence of improvements carried out last year in most of the wards, together with the addition of a convalescent ward at the top of the building, the general salubrity has so much increased that pyæmia, which had heretofore

been very prevalent, has now almost entirely disappeared.

In October last, of six amputations performed within a comparatively brief period, all the patients were up and convalescent within the term of three weeks. This has also been the general experience since. At the present time (Aug. 2d), we can count four amputations of the lower extremity in one female ward alone, all proceeding without an untoward symptom, union having taken place by first intention. In two cases of amputation above the knee, performed by Mr. Cæsar Hawkins on the 12th and 19th of July, and in one of the same kind, under the care of Mr. Prescott Hewett, the same favourable state of things obtains. In the male ward, we observed a patient, whose forearm was taken off on the 26th ult., with the stump healed and the ligatures away, which permitted his walking about, without inconvenience, six days after the operation.

In all these operations the circular method was adopted. Of ninety amputations recently resorted to in this hospital, sixty were circular, and thirty flap. The mortality amongst the latter was found to be as great as in the whole of the former.—*Ibid.*

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Circular Amputation of the Thigh.—On the 19th of July, at St. George's Hospital, Mr. Cæsar Hawkins removed the leg of a female at the lower third of the thigh, for extensive disease of the knee-joint. The patient had been a sufferer for five years, the mischief slowly progressing until the articulation was wholly destroyed, spreading also upwards into the shaft of the femur. A large part of the lower end of this bone was completely necrosed, as was also the head of the tibia, the surface of which latter was covered by some loose osseous fragments. The cartilages were likewise destroyed, from ulceration and absorption. The present was one of those examples in which the morbid action had become too widely spread to warrant the expectation that any surgical proceeding short of amputation would afford relief. This was accordingly adopted, and successfully carried out by the circular method. The patient is going on most satisfactorily.

We may here observe, that the circular amputation is, to some extent, superseding the ordinary flap operation in hospital practice. It is now mostly employed by the surgeons at St. George's Hospital, and is preferred also at other institutions. The adoption of the circular method, or of that by flaps, is solely a question of taste and of dexterity on the part of the operator; for most writers on surgery believe that an equally good stump may ultimately be formed by the one as by the other. The rapidity with which the flap operation can be done is an advantage over the other; but the circular method gives a firmer and neater stump.—*Lancet*, Aug. 11, 1860.

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Protrusion of Bone by Growth from the end of a Stump.—When limbs have been submitted to amputation in childhood, it not unfrequently happens that, as the individual grows, so does the bone elongate itself in a proportionate manner, and then protrudes through the soft parts, after a time forming a conical stump. Instances of this kind we have already brought under the notice of our readers; and that the bone does grow is believed by many surgeons of high authority, amongst whom are Mr. Stanley, Mr. Curling, and others. An undoubted example of it was recently admitted into Guy's Hospital under Mr. Hilton's care. The patient was a healthy-looking girl, of about the age of eighteen years, whose right arm had been amputated in childhood. The stump healed kindly, and remained healthy for some years, when it gradually became conical, and from the point protruded the end of the humerus. Its appearance was like an exaggerated nipple somewhat drawn out. There was no retraction of muscular substance here, but clearly an outgrowth of bone. The soft parts were tender in spots, as if from the pressure on or stretching of some of the nerves; in fact, they could be marked by pins. The rest of the stump was healthy. Chloroform was given on the 24th of July, an incision was made on either side, freely laying open the stump, and three inches of the bone sawn off; the parts were brought together, and the girl is now doing very well.—*Ibid.*

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Sensation of Crackling within the Joints.—A female, aged thirty-six years, but looking much older, a housemaid, of spare frame and short stature, was admitted into St. Bartholomew's Hospital on the 6th of February last, under Dr. Farre's care, with general pains about her limbs and joints. She has been a sufferer from rheumatoid

arthritis; and from her family history it appears that her father and uncle were subject to the same disease, or to gout, but which, she says, was rheumatic gout. Besides the general pain and distress present on her admission, she had a sensation of crackling within all the affected joints, especially well marked at the under part of the right knee, in the right ankle, in the left groin, and in front of the hip joint; and at times she seemed as if she had not the power to move her limbs. This crackling of the joints commenced nine weeks before she entered the hospital, although she has sufferred from her other affection for upwards of five years, with lameness of one of her legs from the same cause. She was examined by Mr. Lloyd to see if there were any loose cartilages, but none could be found. Dr. Farre believed that this singular condition must be owing to an altered secretion of the lining membrane. By the 13th of February she was much relieved from pain on the outer side of the hip by the local application of belladonna to the sacrum, and, in a few days afterwards, all this crackling wholly disappeared, and she began to improve in every way under treatment, although she still remained a little sore and lame.

It may be observed, that the disease itself, under which this patient was suffering, is common enough; but the peculiar sensation experienced of crackling within several of the joints is a striking feature, and ought not to be a rare circumstance when the great number of pathological states of the synovial membrane are taken into consideration. That Dr. Farre's opinion is the correct one would seem to be proved by the result of the treatment.

Some weeks later, a second example of this peculiarity occurred at University College Hospital, under Mr. Erichsen's care. The patient was a middle-aged man, with partial anchylosis of the elbow, the result of inflammation. He had been the subject of rheumatism eight years ago, and for the last two years has been unable to extend the left arm, although he can slightly flex it. There was clearly some effusion into the joint, and a very distinct crackling sensation, which Mr. Erichsen stated to be the result of it. In effusion into the sheaths of tendons, and in bursæ near joints, this crackling feeling is observed, and gives the idea, he remarked, of bands forming in different directions. It is noticed also in bursæ, when there are small bodies mixed with the fluid. Without giving the patient chloroform, the arm was flexed and extended with but little force, and, subsequently, not only was the position of the arm improved, but much useful motion was gained, with disappearance of the crackling.—*Lancet*, Aug. 4. 1860.

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Fatty Tumour Encircling the Neck.—Experience has proved that there are but few situations about the body which have not been invaded by fatty tumours, although some are more favourable for their growth than others. Either side of the neck, and behind it, are much commoner sites for their development than the anterior or submental part. An instance of tumour in this rarer situation was recently admitted into Guy's Hospital, in a stout, robust man, about forty-five years of age. The anterior half of the neck, from one mastoid process to the other, was occupied by a large fatty tumour, which assumed the appearance of an enormous double chin, and extended as far down as the sternum. Two other tumours of the same character existed symmetrically at the back of the neck, in the suboccipital spaces; they were as large as a flattened orange, prominent, and altogether imparted a most curious appearance to the entire cervical region. These three tumours commenced to grow some years back, but latterly had increased somewhat rapidly in size, so much so as to cause some uneasiness lest they might turn out to be malignant. Their true nature was determined by Mr. Cock, who removed that in the right suboccipital space, whilst the patient was under the influence of chloroform, on the 10th of July, with good results. It did not possess a lobulated character, but was very firm and hard, strongly adherent to the skin, and was got away with some difficulty, being associated with free hemorrhage. From this operation he completely recovered. Mr. Cock contemplates the dissection of the opposite growth, but will not interfere with the anterior cervical.—*Lancet*, Aug. 25, 1860.

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The Metallic Seton in Hydrocele.—Several cases have lately been treated at the London Hospital by the introduction of the silver wire seton, and with very satisfactory results. The following case, however, in

which severe suppurative inflammation of the cavity was caused, is one which it is only right should be placed on record: The patient, Wm. C., a healthy man, aged 32, was admitted in May, under the care of Mr. Gowlland, with hydrocele on the right side. Mr. Gowlland had tapped him three months previously, while attending as an out-patient. It had now filled again, and was about the size of a small fist. The man stated that he thought that side of his scrotum had been larger than the other since boyhood, but that there had been no remarkable enlargement until January last. Mr. Gowlland admitted him, and on May 3 tapped the tumour, and injected with iodine in the usual manner. The sac refilled, and as the man was impatient for a cure, on May 28—that is, nearly a month after the injection—Mr. Gowlland introduced a silver wire seton consisting of two threads. On the next day the inflammation of the part was very acute, and the pain severe. The man had also a good deal of abdominal tenderness. On the third day the inflammatory symptoms ran so high that it was necessary to withdraw the wires. On May 31, the swelling being very great, and suppuration having evidently taken place, Mr. Gowlland laid the sac freely open by a vertical incision, three or four inches long. This measure gave great relief; but for a time it appeared doubtful whether the testis itself would not become involved, as the tunica albuginea presented in the wound. Ultimately the man made a good recovery, but he had undergone a very serious illness. He was discharged from the hospital eleven weeks after his admission, the cicatrix being then quite sound, but puckered up, and adherent to the front of the testis. The body of the testis itself was soft, and appeared quite healthy. The hydrocele was of course cured.—*Med. Times and Gaz.*, Aug. 25, 1860.

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Amussat's Operation performed on Account of Malignant Disease of the Rectum.—The operation of opening the colon in the loin with a view to the formation of an artificial anus in that position, has been recommended in two very different classes of cases. In the one it is performed on account of irremediable obstruction of the rectum, that obstruction being of such a character as would in itself cause the patient's death. In the second class—and this, it must be remembered, is the one with regard to which the operation was first devised—its immediate object is not so much the prolongation of life as the mitigation of suffering. The cases alluded to are those of ulcerated cancer of the lower bowel, in which the escape of feces is not prevented, but in which it causes most intense suffering. In one of this latter class the operation was performed by Mr. Ward at the London Hospital about three weeks ago. The patient was a thin, miserably cachectic man, who had for some years been the subject of carcinoma, extending over a long tract of the rectum. The passage of his feces caused him agonizing pain, and he readily consented to Mr. Ward's proposal, that an artificial anus should be made. The operation was not one of unusual difficulty, the colon having been distended by the injection of air. The man did well, and at the present time, three weeks after the operation, the feces wholly pass by the artificial opening. A good deal of mucous discharge comes by the rectum. The opening in the loin is covered by a moulded pad of gutta-percha, which prevents any incontinence of feces. The man is able to get up, and expresses himself as very grateful for the relief afforded.—*Med. Times and Gaz.*, Aug. 25, 1860.

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Extravasation of Urine within the Pelvis.—The following case is interesting as an example of extravasation occurring in conjunction with congenital contraction of the urethral orifice, also in respect to the unusual position of the extravasated fluid. It is certainly not common for fatal extravasation to occur without somewhat involving the perineum or scrotum, although the anatomical explanation of the fact is easily given. The difficulty of treatment is of course vastly increased; indeed, it is certainly rare for the symptoms of intra-pelvic extravasation to become sufficiently definite to warrant incision before the patient has passed into a hopeless condition.

The connection of hypospadias with disease of the urethra is also of much practical importance. As a general rule it is probably a matter of experience that obstructions in the anterior tract are more liable to cause disease of the urethra behind them than those more deeply placed. In amputating the penis all surgeons know how important it is to take precautions against the subse-

quent contraction of the urethra which is so liable to ensue. It is possible, however, that a certain number of the cases of hypospadias which come under our observation in infants are not submitted to any operative procedure which would be decidedly benefited thereby. In such cases it is often too hastily assumed that the deformity consists in an absence of the floor of the urethra in its anterior quarter of an inch, whereas minute examination would show that the urine really finds its exit through a mere pin-hole aperture. This aperture is placed behind the meatus, and does not in any way communicate with it.

W. B., aged 40, a sallow sickly-looking man, was admitted under Mr. Stanley's care on July 3, 1860. He was suffering from retention of urine. He stated that he had not passed water naturally since June 3, but that it was constantly dribbling from him. This was the first attack of actual retention, though he had been unable to pass water properly for some months. His countenance was expressive of great pain; his appetite gone, tongue furred, pulse feeble and frequent, and thirst very great. He complained of pain in the region of the bladder, which viscus was found to be distended. The perineum also was extremely tender. He was the subject of hypospadias, the opening into the urethra being about the size of a pin's head. A No. 1 catheter was introduced with comparative facility, and about four ounces of dark offensive fluid were drawn off, but without relief. Mr. Stanley examined him, and found a red blush on the surface of the abdominal walls close to the pubes. The bladder was much distended, and was hard and painful. In the left iliac region there was a greater prominence than on the other side, and there was here a sense of fluctuation. There was great tenderness in the perincum, and on the left side of the anus the surface was reddened. Mr. Stanley considered that there was extravasation of urine into the cellular tissue of the anterior abdominal walls, as well as into the ischio-rectal fossa. He remarked that the case was one of unusual occurrence, and that the ulceration into the urethra was probably behind the triangular ligament. The urine, therefore, had not been able to take the course usual in extravasations, viz., that of passing into the cellular tissue of the scrotum, and upwards to the abdominal wall. A No. 4 catheter was introduced, and about sixteen ounces of dark offensive fluid made its escape. Mr. Stanley made an incision two or three inches long in the position of that for lateral lithotomy. A grooved staff was then introduced into the bladder, and the incision was continued down to the membranous portion of the urethra, which was opened. The patient lost a great deal of blood, but much ammoniacal-smelling urine also came away, probably not less than a pint. Slight relief followed the operation, but in two hours the pain returned with great severity, and he gradually became weaker. Stimulants were given freely, but he did not improve, and died next morning.

Autopsy.—On cutting through the abdominal walls, the recti muscles were found to be much discoloured, dark, and soddened by infiltration with urine. There was extensive peritonitis, and in some parts puriform lymph was exuded, which matted together portions of the intestines. The cellular tissue of the pelvis had in many places sloughed, especially on the left side. The pelvis contained muddy-looking, offensive fluid. Excepting some congestions about its neck, the bladder was found quite healthy. The prostate was firm and healthy, The soft parts in the ischio-rectal fossa had sloughed. The penis was slit up, but no stricture or ulceration was found. On exposing the urethra beyond this point, there was found a small ulcerated opening just sufficient to admit the end of the director in front of the veru montanum. This was traced down to a dark mass of sloughy cellular tissue, and was doubtless the point at which the extravasation had commenced. —*Med. Times and Gaz.*, Sept. 1, 1860.

LECTURE.

Clinical Lectures delivered at University College Hospital. By JOHN ERICHSEN, Esq., Prof. Surg. and of Clinical Surg. in University College.

LECTURE II.—ON EPITHELIOMA.

GENTLEMEN: We have had under our care during the last few weeks several cases of epithelioma of the lip, tongue, fauces, and penis. I will to-day direct your attention to the nature of this disease, as developed under our observation in these cases. The case to which I shall particularly refer,

illustrates in a marked manner the nature, course, and distinctive characters of the disease. It is that of a soldier, sent up to me at this Hospital, from Aldershot, a few weeks since, with the following history. He had served twenty-one years in the army, during a great part of which time he had been stationed in hot climates, and whilst there had suffered from the ordinary tropical diseases, as dysentery, etc.: otherwise, his health appeared to have been excellent. On admission, he was sallow, and somewhat emaciated; but otherwise in tolerably good health, and in excellent spirits, quite prepared, and indeed anxious, to undergo any operation which might be deemed advisable. About two years ago, he observed an ulcer on the tongue, about midway between the apex and base on the left side. This ulcer, small at first, yielded to no treatment that had been applied to it, and gradually increased in size and depth up to the present time. It was now irregular in shape, with induration of the tongue-substance beneath and around, and it was hollowed out, so that it would contain half a walnut. The patient never smoked, but recollected that he had a decayed and ragged tooth on the left side of the jaw at about the time of the appearance of the ulcer. In addition, there was on the left side of the neck a swelling, of the size of a goose's egg, first noticed about seven weeks before admission, firm, adherent, passing beneath the sterno-mastoid, and extending back to the trapezius on the sheath of the great vessels of the neck, in close connection with the carotid artery. There was also on the right side and in the anterior half of the submaxillary region, a second mass, of similar character, about as large as a walnut; the presence of these deposits precluded all idea of operating in this case, as it was impossible to remove the deposits in the glands, from their deep connections in the neck. I have just said the patient was sallow and emaciated when admitted, but otherwise in good health. Now, it is important to observe, that the man stated that he felt in excellent health, and had no wasting of the body, until the glandular tumours made their appearance, only seven weeks ago. He had been able to do his duty as a soldier up to that time; but so soon as these secondary deposits began to make their appearance, his strength began to fail. From the time of his admission till that of his death, a period of four weeks, the course of his disease was quickly run. The tumour rapidly increased, and he speedily sank into a low cachectic state, and finally died from exhaustion. During his stay here, he was never troubled with difficulty of swallowing or of breathing, nor was there any disease of the lungs or other viscera, as proved by the *post-mortem* examination made last Friday. His tongue, which I have here, presents this appearance. The left side, from about half an inch behind the tip nearly to the base, is hollowed out by ulceration, and little more than the right half of the tongue substance remains. In the neck, from beneath the jaw, reaching as low as the clavicle, is a softened mass of pultaceous consistence, forming the tumours before described. There are no secondary deposits whatever in the lungs or other internal organs, or any sign of visceral disease. Now, how did this man die? His powers of swallowing or breathing were never interrupted by the diseased state of his tongue, or by the tumour in the neck; he had no exhausting hemorrhage or continued purulent discharge; nor was his death accelerated by secondary deposits in the internal organs interrupting their functions. Well, he died, as is commonly the mode in epithelioma, from a kind of poisoning of the blood. The nutrition and repair of the blood were interfered with from the time of the growth of the secondary tumour; and thus was gradually induced a cachectic state of the system, which increased, until the functions of the body could no longer be performed.

This case I have brought before you because it illustrates so well the characters of this disease, "epithelioma," which are very different to those accompanying true cancer. This case was one of so-called "cancer of the tongue;" but was it, and are similar ones in reality cancer? It is better to call it "cancroid," or "epithelial cancer," or "epithelioma," than cancer, as it presents features very dissimilar from those of true cancer; and in no respect do they differ more widely than in the way death is occasioned. How does true cancer prove fatal? It destroys life, as you saw in some cases lately in this hospital—one of the breast, another of the groin, and a third of the rectum—in various ways. 1. By the growth becoming adherent to, and ulcerating through, the skin, with abundant discharge

of sanious pus, and fungous granulations, which bleed frequently; this recurrent hemorrhage causing debility, and then exhaustion so great as to end in death. 2. By deposit of a similar nature to the primary growth in the internal organs, preventing the due discharge of their functions. In the case of scirrhus of the breast referred to, there were not only infiltrating masses of encephaloid growth penetrating the thoracic walls, giving rise to hydrothorax, but also secondary and distinct deposits in the lungs, and nodules of a similar structure, occupying a great part of the liver. This organ (the liver) was likewise the seat of cancerous masses in the case of scirrhus of the rectum. Thus, in true cancer, death is preceded by, occasionally, profuse fetid discharge, by hemorrhage, or by secondary deposits. If the course be very rapid, it is true that secondary deposits may not always be found; as then exhaustion, from sudden and profuse hemorrhage, is the immediate cause of the fatal event. In epithelioma, which has a local origin, and which cannot be considered to be the local growth and development of a constitutional state—as is the opinion that many hold with regard to true cancer—whether the form assumed by the epithelioma be the tubercular, the ulcerative, or the desquamating, as in the case of epithelioma of the lip I lately excised, however closely its histological and the naked eye characteristics resemble those of true cancer, however well marked the cachexy may be, yet the pathological signs are most distinct. It is true that secondary deposits, blood-poisoning, cachexia, great emaciation and exhaustion may, and often are, as well marked in one disease as in the other; still there is this radical difference in the secondary deposits, that in epithelioma the secondary deposits never pass more deeply into the system than the lymphatic glands; we find no deposits in internal organs, no cancerous nodules in the liver or lungs, as we do in true cancer, whenever the patient has lived long enough for the system to have become contaminated. This, then appears to be the great surgical difference between those epithelial growths and the real cancerous tumours, though both classes have several characters of malignancy in common. The distinctive habit of true cancer to go on developing itself, independently of situation or relation to organs, whilst that of epithelioma is to confine itself to the infiltration of neighbouring tissues, is not merely a dry pathological fact, but one most fruitful of suggestion for the surgeon, and materially influencing the prospect of complete immunity from recurrence after operation. The confounding of this form of disease with those tumours composed of real cancer, has caused the liability to error, and the variance of opinion of different surgeons in estimating the curability or the probability to recurrence of the disease after excision; removal of the first, viz., epithelioma of the tongue, lip, or penis, being followed by recovery, as the rule, whilst removal of true cancer is hardly ever more than a palliative measure; tolerably speedy recurrence taking place in nearly every case of the removal. For prevention of the recurrence of epithelioma, it is necessary that the growth be excised early, and that the knife be carried wide of the disease, so that all the deposits may be extirpated. If there be delay of the operation until after the disease has contaminated the absorbents, excision of the original mass does not effect a cure, part of the morbid structure being still left behind in these lymphatics, which will go on increasing in extent as if the primary mass still remained. If, however, we excise at as early a stage of the disease as you saw me do in the cases of cancer of the lip and penis, there is no doubt that long life and perfect immunity may be insured. In cancer of the tongue, recurrence is more common than elsewhere, owing, I believe, to the difficulty and danger of thoroughly removing the disease, when infiltrating the lingual substance widely and deeply. Of the rarity of recurrence, the best proof is, that comparatively seldom do patients with "cancer" of the lip or penis return to us with a fresh growth, and when they do it is mostly a deposit in the neighbouring lymphatic glands, which had probably been contaminated before the operation, and not in the cicatrix itself, nor in internal organs. I have myself operated, eight, ten, and twelve years ago, on patients who have enjoyed good health to the present time, bearing nothing more than the scam left where the lip had been notched. I also know of a case of amputation of the penis where the patient has lived nearly thirty years after the operation; and during the last ten years I have removed the penis, in several cases of epithelioma, from men now

doing well, and free from any return. In fact, epithelioma is, in its origin, but a local disease, arising from some special irritation, as in "chimney-sweeps' cancer," from the irritation of the soot; in "cancer of the tongue," from a ragged tooth; in "cancer of the penis," from a tight pressure retaining the secretions of the glands. In fact, the progress of epithelioma closely resembles that of a syphilitic sore. Just as the syphilitic virus produces its ulcer before any constitutional effect reaults, which does ao—first by contamination of the lymphatics, and, after a longer interval, by the poisoning of the blood, and then the induction of general cachexy; so, in epithelioma, a precisely similar series of symptoms accompany the progress of the disease that has been primarily established by the local irritation. In epithelioma, as in syphilis, you have a sore resulting from local irritation, you have no sign of constitutional disturbance or cachexy for some months, or even longer, until the glands take up the poison, the blood then becomes contaminated, and marked cachexy sets in.

With regard to the mode of removal of epitheliomatous growths, I strongly advocate the knife. By the knife they can be removed much more cleanly, safely, expeditiously, and with less suffering, than by caustic. Should, however, caustic be deemed preferable in any case, the most powerful should be applied, so that the whole mass may be immediately and thoroughly destroyed, that the effect may be the same as when the knife is used. But if the less active caustics be employed, as the nitrate of silver, for instance, the cauterizing effect is too weak for the destruction of the parts, and an irritating effect is produced, in addition to the caustic one; the neighbouring tissues become inflamed and infiltrated by plastic matter, which state of inflammation and infiltration is highly favourable to the spread of epithelial deposit.—*British Medical Journal*, March 17, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death from Chloroform.—Dr. H. Peake, of Yazoo City, Miss., records (*New Orleans Med. and Surg. Journ.*, July, 1860) a case of this in a man reduced to a mere skeleton from protracted intense suffering, the result of an old ulcer on the leg. "He had led an irregular life, and was intemperate. Of late, his health had been steadily declining, and for weeks his only rest had been procured by taking immense doses of morphine. Meantime, the ulcer had extended rapidly, so much so as to have involved nearly the whole of the muscles of the leg from near the patella to the malleŏli. On the outer aspect of the leg, a ribbon-like strip of integument extended from that above the upper border of the ulcerated surface, and connected it with that of an almost gangrenous foot. The exposed muscles seemed literally rotten, and exhaled an odour, if possible, worse than that from a gangrenous lung. It seemed almost useless to attempt an operation, but he was clamorous for it, and his friends insisted also, notwithstanding I informed them of the possibility, nay, probability, of his dying under the knife. Moreover, death was certain without it, albeit his chances for recovery with it were not two in a thousand." So Dr. Peake, in consultation with Dr. Ingersoll, concluded to amputate the limb. "The patient was placed upon a table, and chloroform administered by Dr. I. Col. Wm. Bataille, an intelligent gentleman, who was present, assisted me. A couple of minutes' inhalation had placed him sufficiently under the influence of the anæsthetic, when I proceeded to make my first cut for the circular operation at the junction of the lower with the middle third of the thigh. I was turning up the integuments when his breathing and pulse suddenly stopped. I at once resorted to artificial respiration, and kept it up for some time, but to no purpose. He was dead."

Boylston Medical Prize Questions.—At the annual meeting of the Boylston Medical committee, on the 1st of Aug. of this year, a premium of ninety dollars or a gold medal of that value, was awarded to John Bell, M. D., of New York, for the best dissertation on the question:—

How far does the Microscope assist us in Surgical Diagnosis?

The other premium, of the same value, was awarded to David W. Cheever, M. D., of Boston, for the best dissertation on the question:—

The value and the fallacy of Statistics in the observation of Disease.

The following questions are proposed for 1861:—

1. *Excision of Joints.*

2. *Diagnosis and Treatment of Chronic Pleurisy.*

Dissertations on these subjects must be transmitted, post paid, to Edward Reynolds, M. D., *on or before the First Wednesday of April*, 1861.

The following are the questions proposed for 1862:—

1. *How far does the Microscope assist us in Surgical Diagnosis?*

2. *On Nausea and Vomiting, as symptoms, under what circumstances do they occur, and what indications do they afford as to the seat and character of disease?*

Dissertations on these subjects must be transmitted as above, *on or before the first Wednesday in April*, 1862.

The author of the best dissertation considered worthy of a Prize, on either of the subjects for 1861 and for 1862, will be entitled to a premium of *sixty dollars*, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be inclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

It will be perceived that the question "How far does the Microscope assist us in Surgical Diagnosis?" has again been proposed for 1862. The successful essay for the present year displays, it is stated, considerable ability, but the question is of so much importance that it was considered to be worthy of still further investigation.

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American Association for the Advancement of Science.—At the recent meeting, at Newport, R. I., the next meeting was ordered to be held at Nashville, Tenn., in April, 1861. The following officers were elected: F. A. P. Barnard (President of the University of Mississippi), President, and Dr. R. W. Gibbes, of Columbia, S. C., Vice-President.

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Amherst College.—The trustees of this institution at a late meeting, established a Professorship of *Hygiene and Physical Education*, and elected Dr. John W. Hooker, a son of Prof. Worthington Hooker, of New Haven, to fill the chair.

Instruction in this department of knowledge will, we feel sure, be useful and popular, and we have good reasons for believing that the incumbent of the new chair is eminently qualified to fill it with advantage to the school and credit to himself.

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New Orleans School of Medicine.—Dr. H. D. Schmidt, formerly prosector to Prof. Leidy, of the University of Pennsylvania, and last winter connected with the Mobile Medical College, has been appointed Demonstrator of Anatomy in the New Orleans School of Medicine.

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Medical Department of the University of Louisiana.—Prof. Lawson, of Cincinnati, has been appointed Professor of Clinical Medicine in the Medical Department of the University of Louisiana. This is an excellent appointment. We are glad to find that this school, like its colleague, the New Orleans School of Medicine, repudiates the doctrine that Southern students can not be taught practical medicine by Northern Professors.

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Medical College of the State of South Carolina.—Dr. Francis T. Miles, for many years the Demonstrator of Anatomy in this school, has been elected Professor of Anatomy in place of Dr. Holbrook, whose resignation we mentioned last month.

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Bequests.—The late Hon. Jonathan Phillips, of Boston, has bequeathed to the Massachusetts General Hospital and to the Massachusetts Medical Society each ten thousand dollars, and to the Charitable Eye and Ear Infirmary and to the Boston Dispensary each five thousand dollars, and twenty thousand dollars to the city of Boston to be expended in adorning the streets and public squares.

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Philadelphia Hospital, Blockley.—The guardians of the poor, at their meeting on the 24th Sept., on the recommendation of the medical board, has opened the hospital, free of charge, for the coming winter, to medical students for clinical instruction. The board has likewise authorized the committee on hospital to establish a museum for the preservation of pathological and other specimens, to aid in the investigation of diseases. This is a liberal movement, and one which will tend to secure the pre-

eminence which Philadelphia has always maintained in her facilities for obtaining a medical education.

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Obituary Record.—Died in Charleston, S. C., on the 13 August, 1860, of Phthisis Pulmonalis, John Bellinger, M. D., aged 59. Dr. B. was at one time Professor of Surgery in the Medical College of the State of South Carolina, and was a most skilful practitioner and highly respected gentleman.

FOREIGN INTELLIGENCE.

The Use and Abuse of Tobacco.—[We would call especial attention to the following letter from Sir Benjamin Brodie. The long and extensive experience and mature judgment of the writer entitle his opinions to the greatest weight.]

"Sir: Having been applied to some time since to join in a petition to the House of Commons that they would appoint a committee to inquire into the effects produced by the prevailing habit of tobacco smoking, I declined to do so; first, because it did not appear to me that such a committee would be very competent to discuss a question of this kind; and, secondly, because, even if they were so, I did not see that it would be possible for Parliament to follow up by any act of legislation the conclusions at which they might have arrived. Nevertheless I am ready to admit that the subject is one of no trifling importance, and well worthy the serious consideration of any one who takes an interest in the present and future well-being of society. From these considerations it is that I now venture to address to you the following observations.

"The empyreumatic oil of tobacco is produced by distillation of that herb at a temperature above that of boiling water. One or two drops of this oil (according to the size of the animal) placed on the tongue will kill a cat in the course of a few minutes. A certain quantity of the oil must be always circulating in the blood of an habitual smoker, and we cannot suppose that the effects of it upon the system can be merely negative. Still, I am not prepared to subscribe to the opinion of those who hold that, under all circumstances, and to however moderate an extent it be practised, the smoking of tobacco is prejudicial. The first effect of it is to soothe and tranquillize the nervous system. It allays the pains of hunger, and relieves the uneasy feelings produced by mental and bodily exhaustion. To the soldier who has passed the night in the trenches before a beleaguered town, with only a distant prospect of breakfast when the morning has arrived; to the sailor, contending with the elements in a storm; to the labourer, after a hard day's work; to the traveller in an uncultivated region, with an insufficient supply of food, the use of a cigar or a tobacco pipe may be not only a grateful indulgence, but really beneficial. But the occasional use of it under such circumstances is a very different matter from the habit of constant smoking which prevails in certain classes of society at the present day.

"The effects of this habit are, indeed, various, the difference depending on difference of constitution, and difference in the mode of life otherwise. But, from the best observations which I have been able to make on the subject, I am led to believe that there are very few who do not suffer harm from it, to a greater or less extent. The earliest symptoms are manifested in the derangement of the nervous system. A large proportion of habitual smokers are rendered lazy and listless, indisposed to bodily and incapable of much mental exertion. Others suffer from depression of the spirits, amounting to hypochondriasis, which smoking relieves for a time, though it aggravates the evil afterwards. Occasionally there is a general nervous excitability, which, though very much less in degree, partakes of the nature of the *delirium tremens* of drunkards. I have known many individuals to suffer from severe nervous pains, sometimes in one, sometimes in another part of the body. Almost the worst case of neuralgia that ever came under my observation was that of a gentleman who consulted the late Dr. Bright and myself. The pains were universal, and never absent; but during the night they were especially intense, so as almost wholly to prevent sleep. Neither the patient himself nor his medical attendant had any doubts that the disease was to be attributed to his former habit of smoking, on the discontinuance of which he slowly and gradually recovered. An eminent surgeon, who has a great experience in ophthalmic diseases, believes that, in some instances, he has been able to trace blindness from amaurosis to excess in tobacco smoking; the connection of the two

being pretty well established in one case by the fact that, on the practice being left off, the sight of the patient was gradually restored. It would be easy for me to refer to other symptoms indicating deficient power of the nervous system to which smokers are liable; but it is unnecessary for me to do so; and, indeed, there are some which I would rather leave them to imagine for themselves than undertake the description of them myself in writing.

"But the ill effects of tobacco are not confined to the nervous system. In many instances there is a loss of the healthy appetite for food, the imperfect state of the digestion being soon rendered manifest by the loss of flesh and the sallow countenance. It is difficult to say what other diseases may not follow the imperfect assimilation of food continued during a long period of time. So many causes are in operation in the human body which may tend in a greater or less degree to the production of organic changes in it, that it is only in some instances we can venture to pronounce as to the precise manner in which a disease that proves mortal has originated. From cases, however, which have fallen under my own observation, and from a consideration of all the circumstances, I cannot entertain a doubt that, if we could obtain accurate statistics on the subject, we should find that the value of life in inveterate smokers is considerably below the average. Nor is this opinion in any degree contradicted by the fact that there are individuals who in spite of the inhalation of tobacco smoke live to be old, and without any material derangement of the health; analogous exceptions to the general rule being met with in the case of those who have indulged too freely in the use of spirituous and fermented liquors.

"In the early part of the present century tobacco smoking was almost wholly confined to what are commonly called the lower grades of society. It was only every now and then that any one who wished to be considered as a gentleman was addicted to it. But since the war on the Spanish Peninsula, and the consequent substitution of the cigar for the tobacco-pipe, the case has been entirely altered. The greatest smokers at the present time are to be found, not among those who live by their bodily labour, but among those who are more advantageously situated, who have better opportunities of education, and of whom we have a right to expect that they should constitute the most intelligent and thoughtful members of the community. Nor is the practice confined to grown-up men. Boys, even at the best schools, get the habit of smoking, because they think it manly and fashionable to do so; not unfrequently because they have the example set them by their tutors, and partly because there is no friendly voice to warn them as to the special ill consequences to which it may give rise where the process of growth is not yet completed, and the organs are not yet fully developed.

"The foregoing observations relate to the habit of smoking as it exists among us at the present time. But a still graver question remains to be considered. What will be the result if this habit be continued by future generations? It is but too true that the sins of the fathers are visited upon their children and their children's children. We may here take warning from the fate of the red Indians of America. An intelligent American physician gives the following explanation of the gradual extinction of this remarkable people: One generation of them become addicted to the use of the firewater. They have a degenerate and comparatively imbecile progeny, who indulge in the same vicious habit with their parents. Their progeny is still more degenerate, and after a very few generations the race ceases altogether. We may also take warning from the history of another nation, who some few centuries ago, while following the banners of Solyman the Magnificent, were the terror of Christendom, but who since then, having become more addicted to tobacco smoking than any of the European nations, are now the lazy and lethargic Turks, held in contempt by all civilized communities.

"In thus placing together the consequences of intemperance in the use of alcohol and that in the use of tobacco, I should be sorry to be misunderstood as regarding these two kinds of intemperance to be in an equal degree pernicious and degrading.

"The inveterate tobacco-smoker may be stupid and lazy, and the habit to which he is addicted may gradually tend to shorten his life and deteriorate his offspring, but the dram drinker is quarrelsome, mischievous, and often criminal. It is under the influence of gin that the burglar and the murderer become fitted for the task which they have undertaken. The best thing that can be said for dram-drinking is, that it induces

disease, which carries the poor wretch prematurely to the grave, and rids the world of the nuisance. But, unfortunately, in this, as in many other cases, what is wanting in quality is made up in quantity. There are checks on one of these evil habits which there are not on the other. The dram-drinker, or, to use a more general term, the drunkard, is held to be a noxious animal. He is an outcast from all decent society, while there is no such exclusion for the most assiduous smoker.

"The comparison of the effects of tobacco with those of alcohol leads to the consideration of a much wider question than that with which I set out. In all ages of which we have any record, mankind have been in the habit of resorting to the use of certain vegetable productions, not as contributing to nourishment, but on account of their having some peculiar influence as stimulants or sedatives (or in some other way) on the nervous system. Tobacco, alcohol, the Indian hemp, the kava of the South Sea Islanders, the Paraguay tea, coffee, and even tea, belong to this category. A disposition so universal may almost be regarded as an instinct, and there is sufficient reason to believe that, within certain limits, the indulgence of the instinct is useful. But we must not abuse our instincts. This is one of the most important rules which man, as a responsible being, both for his own sake, and for that of others, is bound to observe. Even such moderate agents as tea and coffee, taken in excess, are prejudicial. How much more so are tobacco and alcohol, tending, as they do, not only to the degradation of the individual, but to that of future generations of our species.

"If tobacco-smokers would limit themselves to the occasional indulgence of their appetite, they would do little harm either to themselves or others; but there is always danger that a sensual habit once begun may be carried to excess, and that danger is never so great as in the case of those who are not compelled by the necessities of their situation to be actively employed. For such persons the prudent course is to abstain from smoking altogether.

"Trusting that you and your readers will excuse me for having occupied so large a space in your columns,

"I am, Sir, your obedient Servant,

"August 27. "B. C. Brodie."

Med. Times and Gaz., Sept. 8th, 1860.

Smoking and its Effects.—The pupils of the Polytechnic School in Paris have recently furnished some curious statistics bearing on tobacco. Dividing the young gentlemen of that college into groups, the smokers and the non-smokers, it is shown that the smokers have proved themselves in the various competitive examinations far inferior to the others. Not only in the examinations on entering the school are the smokers in a lower rank, but in the various ordeals they have to pass through in a year, the average rank of the smokers had constantly fallen, and not inconsiderably, while the men who did not smoke enjoyed a cerebral atmosphere of the clearest kind. It would be interesting to pursue this plan of statistical inquiry in our public schools and universities. Perhaps smoking is in many instances not the cause but the effect or indication of intellectual mediocrity. Is there any connection between smoke and German metaphysics?—*Lancet*, Aug. 25, 1860.

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Drops or Minims.—Notwithstanding all that has been said and written on the essential difference which exists between a "drop" and a "minim," and the danger which must often arise from the use of the former in prescribing the more powerful fluid medicines, there is still much room for improvement. The subject was brought forward in a trial which took place at Lewes, in the Crown Court of the Home Circuit, before the Lord Chief Justice, on Monday last. The prisoner, a young man, named George Bull, was charged with the manslaughter of his mother. The deceased lady was 66 years of age; she was subject to violent fits of sickness, and the prisoner, who had been brought up to the medical profession, but was not in regular practice, was in the habit of prescribing to her small doses of prussic acid, of Scheele's strength. On Wednesday, the 11th of July, the prisoner procured a drachm of prussic acid from Mr. Roswell, a chemist in the town, and he administered to the deceased in the early part of the day a dose of four minims. In the evening, the prisoner administered to her another dose of prussic acid; and the deceased had hardly time to go up to her bedroom when she became insensible, and died almost immediately afterwards. Upon the bottle that had contained the prussic acid which the prisoner obtained from Mr. Roswell being examined, it was found to con-

tain only twenty-five minims, thus leaving thirty-one minims altogether unaccounted for.

Mr. Scrase, of Lewes, the surgeon who had been called in to attend on the deceased, stated that the prisoner told him that he had given seven *drops* of prussic acid. In answer to questions from the Lord Chief Justice, Mr. Scrase observed that the size of the drop would be affected by the fact of the cork remaining partly in the bottle. It was his own practice to measure by minims; and, he observed, with such a deadly matter as prussic acid, it was not prudent for any medical man to rely upon drops; he ought to measure it. These, and some other observations on the relative strength of Scheele's and the *Pharmacopœia* acids, are what would be expected from a tolerably well informed and judiciously cautious medical man; but, in contrast, here is the examination of the druggist who sold the prussic acid:—

"Mr. E. H. Roswell, a druggist at Lewes, deposed that on the 11th of July the prisoner came to his shop, and asked for some prussic acid, and he gave him a drachm. The drachm would contain sixty minims. He did not measure it, but gave what he considered to be one-fourth part of the bottle.

"Mr. Serjeant Ballantine: As you say you did not measure it, can you tell us how much prussic acid you really did give to this gentleman?

"Witness: I cannot say to a drop. I am sure he had fifty drops. I consider a 'drop' and a 'minim' synonymous terms. I gave the prisoner about the quantity, but when prussic acid is dispensed by a medical man, he is, of course, careful as to the quantity he uses.

"The Lord Chief Justice: We have been told that a 'drop' contains two minims, and this witness says he looks upon the two terms as synonymous.

"Mr. Serjeant Ballantine: If you were told to give a patient so many 'minims,' should you give him so many 'drops?'

"Witness: Certainly not.

"Mr. Serjeant Ballantine: Can you tell us the strength of the acid you sold?

"Witness: I don't know what strength it was. I should think about four per cent.

"Mr. Serjeant Ballantine: I am much obliged to you for your candid answers in reference to such an article as prussic acid"

Here is a man who looks on the terms "drop" and "minim" as synonymous, and, when asked for prussic acid, pours into the bottle what he considers to be "about the quantity!" We presume that Mr. Roswell is not a member of the Pharmaceutical Society, or in the habit of reading their publications. If he had seen the number of the *Pharmaceutical Journal* for the present month, he would have seen that a writer therein has elaborately demonstrated the fact—of which many members of the medical profession are probable already aware—of the utter want of definite proportion between the drop and the minim, and the consequent impossibility of using them with safety as convertible terms in prescribing.

The writer referred to, Mr. Barnard Proctor, states that he has ascertained the number of drops equal to a drachm of various essential oils, etc. The results are most strikingly various. To make a drachm, 100 drops of croton oil are required; of oil of caraway, 98 drops; of oil of peppermint, 110; of oil of cloves, 90; of chloroform, 250; of tincture of digitalis, 96; of tincture of opium, 108; of creasote, 110; of hydrochloric acid, 45; of *dilute* hydrochloric acid, 65; of nitric acid, 72; of hydrocyanic acid, 54. The size of the drop, Mr. Proctor observes, is not affected by the comparative fluidity of the liquid, or by the thickness of the lip of the bottle; but by the manner in which the dropping is performed. Fifty-four drops of hydrocyanic acid equalled a drachm, when each drop fell clearly from the lip of the phial; but if the stopper were not entirely removed, and the drop fell conjointly from the stopper and the lip, thirty-two drops filled the same measure.

The drop or minim question is by no means a small one. A life may depend on it; and, short of this, how is it possible for any one dispensing medicine by drops to have an idea whether he is doing too much or too little? Suppose, for instance, that he is using a new fluid preparation, of which he is told that the dose is so many *minims:* how can he, if he have proper regard either to the advantage or safety of his patient or to his own reputation, administer it in that most latitudinarian measure, the *drop!*

We would call the attention of our readers to the importance of the difference between the drop and the minim, as a matter of

scientific as well as of practical interest in medicine.—*British Med. Journ.*, July 28, 1860.

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Distinguished Medical Men.—In the ranks of general literature and science, British Medicine is rich at the present time in representative men—Sir Benjamin Brodie, President of the Royal Society; Livingstone, the pioneer of civilization in Central Africa; Owen, the British Cuvier; Darwin, the far-seeing, fact-compelling, naturalist; Lever, the Irish novelist; Sir James Kay Shuttleworth, the public educationist; Sir Charles Nicholson, founder of the University of Sydney, and the first inhabitant of the great colony of Australia honoured with rank and title by the mother country. May the possessors of these names long survive to reflect credit on us, do honour to themselves, and good in their generation! Nor can we omit our need of admiration for our French *confrère*—Lescarbault, who, amidst the distractions and fatigues of a country practice, last year could yet manage to discover a new planet in the heavens, and so inscribe his own name imperishably on the scroll of astronomic fame.—*Dr. Radclyffe Hall.—Lancet*, Aug. 25, 1860.

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Health of London.—Though we have experienced such unsummerly, such cold and rainy weather, during the present season, the health of the people has been above the average; at least, the *mortality* has been less than usual, though such rate, we admit, in itself is not necessarily a proof of the amount of sickness that may be prevailing. There may be, for example, a wide-spread epidemic existing which is not marked by causing much increase in the rate of mortality; and, conversely, cold and bleak weather in winter and early spring may carry off old persons and infants, whilst there shall exist very little sickness amongst the people at large. But most of our professional *confrères* have remarked, for some time past, how "little there was to do." We certainly think that both public and private practice have, for some weeks, been a less heavy burden than usual. On referring to the Registrar-General's Reports, we find that the number of deaths registered in London during the third and fourth weeks in July was 975 respectively; whilst for the corresponding weeks of the ten years 1850–59 the average number of deaths will be found (with allowance for the increase of population) to be 1156. The deaths reached 1000 during only the second week of the past month. Smallpox has been gradually decreasing; and although there has been of course an increase in the number of deaths from diarrhœa, yet the mortality from it is still very low as compared with that of previous years. The deaths from this disease in London, during the last four weeks, have been successively 32, 52, 65, and 90; whilst the corrected average of the corresponding weeks in ten previous years is 202. We know of one case of decided summer *cholera* having been admitted into one of our general hospitals. The patient—a man—rapidly recovered under the use of calomel and opium, ammonia, and brandy. Healthy as we have been, however, we think that forms of arthritic disease—or "rheumatic arthritis," as some prefer to call it—have been both very prevalent and obstinate for some months past. Certain of our correspondents abroad, however, do not give favourable accounts of the state of health of particular communities.—*Lancet*, Aug. 25, 1860.

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Operation on Sir Benjamin Brodie's Eyes.—The following paragraph appeared in the *Times* on Thursday:—

"Sir B. Brodie.—A paragraph having appeared in some newspapers on the state of Sir B. Brodie's health, we are authorized to state that he has lately undergone an operation for the improvement of his sight, and that a satisfactory result is anticipated."

This public allusion to a subject in which the Profession naturally take a deep interest renders a longer silence on our part impossible, and it becomes our duty to let our readers know that the operation of iridectomy was performed on both Sir Benjamin's eyes on July 12. His sight had been failing since Christmas last, but was not painfully defective until the completion of his 78th year in June. About that time vision became rapidly more and more impaired, especially in the left eye. Up to this time the disease had been regarded as senile cataract, more advanced in the left eye than in the right, but after the return of Sir Benjamin from the meeting of the British Association at Oxford, the defective vision was ascribed to glaucoma. Iridectomy was performed under chloroform. We deeply re-

gret to say that the result is not so satisfactory as the paragraph in the *Times* might lead the Profession to hope. The left eye we believe to be much in the same state as before the operation—if anything slightly improved; but in the right, or better eye, vision is quite lost. The great ground of hope in this case is that as there is now a cataract very evident in the right eye, this is the cause of the impaired vision, that the eye is not glaucomatous, and that hereafter vision may be restored by extracting the cataract. We have not alluded to this subject before, as it is to some extent a private matter; but the whole Profession have so filial an interest in all that relates to the respected President of the Royal Society and of the Medical Council, that all have a right to know as much as is freely talked about in the Medical coteries of the metropolis—especially at the present time when a comparatively new operation like iridectomy is on its trial.—*Med. Times and Gaz.*, Aug. 18, 1860.

In the editorial in the *Lancet* of a later date (Aug. 25) it is stated that Sir B. Brodie "has lately undergone an operation undertaken with the view of restoring vision, which had become impaired either from advancing cataract or glaucoma. It is understood that the operation has failed. All will hope that the failure is not irremediable. As no man living has done more honour to surgery, so no one has a better claim to benefit by all the resources of the Art. It will be a subject of lasting regret should it prove that Sir Benjamin Brodie has suffered from any error of diagnosis or of treatment. The warmest sympathies of the entire profession are with the respected sufferer in this case."

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Tincture of Aloes in Gonorrhœa.—The *Lombard Medical Gazette* reports the success obtained by a well-known practitioner—Dr. Gamberini, of Bologna (lecturer on clinical surgery at the Hospital St. Ursula, in that city), by means of injections of diluted tincture of aloes in gonorrhœa. It is said to cure the discharge, even in the most refractory cases, more rapidly than the usually prescribed astringents. The formula recommended is as follows: "℞.—Tra. aloës, ℥iv.; aquæ ad ℥iv.—M. Ft. lotio; ter in die injiciend." Some of your readers may possible think this worth a trial in their practice.

New Cure for Tetanus.—In a severe case of tetanus, with opisthotonos, "M. Pescheux took the idea into his head of injecting into the neck, at the median line, a subcutaneous injection of sulphate of atropine. The poisonous qualities of the atropine were well marked, but with them had also disappeared the tetanic symptoms."

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The Cholera in Spain.—The "Siglo Medica," of Madrid, contains an article which shows that the cholera has regularly broken out every year in some part of Spain since 1854. From the 1st of May to the 29th of June of this year, 5344 cases occurred at Malaga, the deaths being 2267. Many provinces have been invaded, but Madrid has as yet escaped.

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Humane Improvements in Slaughtering.—*L'Union Médicale* lately published a valuable report read at the general meeting of the Paris Society for the Prevention of Cruelty to Animals. In this document are described several cruel practices which are of daily occurrence, both during the conveyance of the animals to Paris and the actual treatment of them at the slaughter-houses. It is to be hoped that this publicity will lead to the removal of the evils alluded to. Amongst the suggestions which the report has drawn forth, is one which deserves attention. M. Auber, of Macon, thinks that air injected or blown into an opened vein would bring on instantaneous and painless death; and grounds his belief upon the effect produced upon dogs and other animals by this mode of destruction. He adds that it was customary with the French army at Rome to kill in this humane manner horses unfit for further service.—*Lancet*, Aug. 4, 1860.

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Impervious Aorta near the Arch in a New-born Child, who lived Five Days.—M. Devilliers mentions this case in *L'Union Médicale* of the 23d ultimo. The left ventricle was very small, and a probe passed from its cavity upwards towards the arch met with an obliterated canal. The sigmoid valves were in fact glued together, and rendered the vessel impervious. Of course the circulation of fœtal life could accommodate itself to this abnormal state; but extra-uterine life sank under it, although the ductus arteriosus remained widely patent.—*Lancet*, Sept. 1, 1860.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Complete Reduction of the Head of the Humerus after Six Months' Dislocation.—In long-standing dislocations of the shoulder it is seldom indeed that the head of the humerus is restored direct to the glenoid cavity; in most cases, if any improvement is effected, it is by the capsule forming a cushion between the two articulating surfaces, which not only permits of pretty fair motion, but lessens the deformity. This we have now seen on several occasions. Some months back, however, an elderly man was brought to Mr. Brodhurst, at the Royal Orthopædic Hospital, whose right shoulder had been dislocated six months. An effort was made to effect reduction, and no difficulty was experienced by Mr. Brodhurst in breaking up the adhesions, and most effectually reducing the dislocation—that is, restoring the head of the humerus to its normal receptacle, the glenoid cavity, which took place with an audible "click." The bone was retained in position without much difficulty; and notwithstanding that there was atrophy of the deltoid muscle from disuse, and considerable shortening of the great pectoral muscle, the patient was gradually obtaining good motion. In this case there was no intervening capsular membrane to interfere with the accomplishment of reduction; and as this circumstance is extremely rare after the first three or four months, Mr. Brodhurst's case may perhaps be considered as one of the most remarkable on record. Dr. Keppell had informed him that he had succeeded in reducing two cases of dislocation of the shoulder at the unusual period of seven and fourteen months' duration, and in both cases with satisfactory motion; but we are inclined to doubt whether, in the second case, the re-

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☞ *In no case is this periodical sent unless the subscription is paid in advance.*

duction was a perfect one. Might there not have been a cushion of capsular membrane between the articulating surfaces?—*Lancet*, Sept. 8, 1860.

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Ligature of Right Subclavian.—On June 26th the right subclavian artery was tied, at St. Bartholomew's Hospital by Mr. PAGET, assisted by Messrs. Wormald and Coote, for axillary aneurism. The patient was an aged man, formerly a soldier, but apparently still in the enjoyment of good health. Mr. Paget, after making a large incision, parallel with the clavicle, partially divided the clavicular origin of the sterno-mastoid muscle. He then made his way to the outer border of the scalenus anticus muscle, and applied the ligature without difficulty. There was scarcely any hemorrhage, and the patient was conveyed from the operating theatre perfectly conscious and collected. The pulsation in the aneurism ceased entirely on the knot being tied.—*London Monthly Rev.*, July, 1860.

—

Gonorrhœa with Articular Rheumatism.—Gonorrhœal rheumatism is an affection as to the pathology of which surgeons still differ greatly in opinion. Sir A. Cooper is stated to have been the first surgeon who publicly described this affection, which he considers "not an unfrequent disease," and portrays graphically his first case. (Surgical Lectures, pp. 273–74.) Sir Astley Cooper remarks, at the conclusion of this case: "Whether it is by absorption of the poison, or the constant irritation produced by the inflammation of the urethra, I do not know; but certain it is that gonorrhœa produces ophthalmia and rheumatism, and when not a single drop of matter has been applied to the eye." The concurrence of articular rheumatism with gonorrhœa is so often observed, and under circumstances so strongly favouring the belief in the kind of connection arbitrarily called metastatic, that probably the majority of surgeons incline to the retention of the term "gonorrhœal rheumatism" in our surgical nomenclature, and hold to the theory which such a phrase indicates. These opinions are opposed by many modern surgeons, who see here nothing more than a coincidence of the two diseases, and consider that they have no causal relation. They are, however, strengthened by the observation of many cases which come under notice in the course of a wide experience, in which acute rheumatism attacks a patient suffering with gonorrhœa, who has never had any previous rheumatic tendency, and who had not been subjected to damp or to any other ordinary causes of rheumatism; the discharge from the urethra disappearing as the joint-affection is developed, and reappearing as it is cured. Sometimes these attacks of articular rheumatism, inaugurated by a first attack of gonorrhœa, are repeated on subsequent attacks of the latter. Most of these critical points were present in the case of J. B——, aged twenty-three, admitted into St. Mary's Hospital under Mr. Coulson's care. He was healthy and robust, and had contracted a gonorrhœal running some two months prior to admission, which still continued. He had not been exposed to the weather, and knew of no way in which he could have contracted rheumatism, but when admitted he was suffering from strongly-marked rheumatic pains and stiffness in the neck, with articular rheumatism of the right knee-joint. He was fearful of being laid up for a long time, as during a previous attack he had suffered greatly from rheumatic inflammation of the left knee. Mr. Coulson ordered for him ten grains of Dover's powder and two grains of calomel at night, with three grains of iodide of potassium and ten of the bicarbonate of potash in camphor mixture every four hours; local warmth and anodynes to the painful parts. The pains and swellings abated under this treatment, and tonics were successfully employed to bring about convalescence. The discharge from the urethra now becoming troublesome, Mr. Coulson ordered a weak solution of nitrate of silver to commence with—one grain to four ounces; and this being properly regulated in strength, and a careful diet observed, the man was discharged cured.

This case was one which seemed to illustrate well most of the points which have induced a belief in the direct connection between gonorrhœa and rheumatism. The treatment which succeeded so well here was simply directed to the cure of the rheumatism in the first instance, leaving the gonorrhœa, no longer inflammatory, to be subsequently treated by injection.—*Lancet*, Sept. 15, 1860.

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Well-marked Syphilis in a Female Child aged Ten Years.—When a young child,

the suject of primary syphilis, is brought before a surgeon, the disease is usually found to depend, in some way or other, upon the accidental contact of the poison by means of the clothes of an adult person, who may possibly be a near relative of the child. This occurrence is by no means so rare, amongst the children of some of the poorest and most abandoned of our population, as might at first sight be supposed.

A case differing very much from such a condition of things, however, was recently in President ward of St. Bartholomew's Hospital, under Mr. Lawrence's care. A little girl, ten years old, the child of humble but clean and respectable parents, was admitted, on the 19th of July, with a series of mucous tubercles on both labia, excoriations of the perineum and verge of the anus, together with ulceration of the tonsils and hard palate. She had, besides the foregoing, a secondary leprous eruption about the arms and body. Her mother knew nothing about these, but the child confessed to having had carnal connection with her cousin, a lad of fourteen years, and no doubt was contaminated by him. There was no evidence of penetration, because the hymen was entire, its aperture being of the size of a goose quill. She was otherwise a stout little girl, and well developed in every way.

She was treated in the usual manner by small doses of gray powder and other medicines, and rapidly improved in her general health.

Her case is a very instructive one in a medico-legal point of view, for here we find that efforts at connection had voluntarily been made by a mere child, without any success beyond penetration of the vulva, yet it is followed by the communication of primary syphilis from a lad of fourteen years. It would have been interesting to have obtained the history of the boy in this case.

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Necrosis of the Sternum. — The fact is well known to surgeons, that when necrosis has attacked any of the flat bones, the separation of the sequestrum is a tediously long process, even if it should occur at all. The denuded, or we may say carious surface, may remain rough and exposed for a considerable period, sometimes even for several years. This is the general experience with the pelvic bones, the scapula, and the sternum. The destructive influences often penetrate pretty deeply into the last, owing to the circumstance of its being less compact and firm in texture than the other bones. The spongy structure readily crumbles away by the ulcerative process, and the minute fragments are thrown off in the secretions. The cure of a carious condition of the sternum is, therefore, not very readily accomplished, unless the affected parts are removed with the aid of a gouge, and care be taken that the pus or other secretion does not burrow over the bone. We have noticed some six or seven instances during the past few years in which patients were under treatment in our hospitals for disease in this situation, and, perhaps, the majority of them were the result of strumous abscesses. The cure of the greater number of them was tedious, although it was effectual.

Another case of the kind is at the present time in St. Mary's Hospital, under Mr. Walton's care, in the person of a young woman, aged twenty-one, with a well-marked strumous diathesis, and who has previously been the subject of abscesses in other parts of the body, as evidenced by the presence of numerous cicatrices. About eighteen months ago a lump spontaneously formed over the upper third of the sternum; this suppurated and burst, and a sinus was left about two inches in length, extending down to the bone, which was in a carious condition. On her admission, the sternum all around was much swollen, and the parts tender, as if encircling an actual sequestrum. None, however, has been found. The sinus was slit up, and the old wound laid open to the bottom, since which, free suppuration has become established, healthy granulations are springing up, and there is a prospect of the morbid process being stopped.

On the 5th of August, a female was brought into the operating theatre of King's College Hospital, with necrosis of the sternum, and disease of the costal cartilages, the result of a strumous abscess in the breast five years before. Sinuses had formed in various directions; some of them were subcutaneous, whilst others were deep, and burrowed amongst the deeper tissues, especially implicating the subjacent osseous and cartilaginous structures. As the patient was very nervous and irritable, most of these were slit up under the influence of chloroform, and the surface of the sternum was exposed, rough, and denuded

of periosteum. The carious surface was gouged away, and a spicula of dead bone was removed from the superficial parts. Free and healthy suppuration has become established, and under the use of good diet and tonic remedies, it is expected that the parts will assume a healthy character, and completely heal up.—*Lancet*, Sept. 8, 1860.

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Profuse Hæmaturia after a Blow on the Front of the Abdomen.—A lad, aged about seventeen, was admitted the other day into the London Hospital on account of retention of urine, and escape of blood by the urethra, which had followed a blow in the lower part of the abdomen, on the left side. He was pale, and almost faint. Mr. Payne, the House-Surgeon, succeeded in introducing a catheter, and drew off about twelve ounces of fluid, which apparently consisted chiefly of blood. On being allowed to stand, about half of this fluid formed itself into clot. The lad's history of the case was that he had been quite well until about two hours before admission, when, in a "lark" with a comrade, he received a blow in the abdomen. At the time of the blow his bladder must have been moderately full, for he had not passed urine for five hours. Soon afterwards he attempted to empty the bladder, but only passed "about a gill" of what appeared to be pure blood, and that with considerable pain. On being closely questioned, he was quite certain that he had not received any injury to the perineum or loins, and he would not admit that the blow on the abdomen had been a very violent one. An important question as to diagnosis and prognosis presented itself in this case. We are accustomed to associate severe hemorrhage from internal viscera following concussions with actual lacerations. If any organ were, in this instance, lacerated, it was difficult to suppose, considering the direction of the violence, that it could be any other than the bladder itself. The fact that so large a quantity of fluid had been drawn off was to a certain extent opposed to such a supposition that the bladder had been ruptured, but could by no means be held definitely to exclude it. The sequel of the case has proved that the injury was not of so severe a nature as the very formidable hemorrhage might have inclined me to fear. The lad was at once admitted, and an opiate with stimulants was given. The escape of blood by the urethra continued in small quantities for about an hour, and then wholly ceased. Warm fomentations were applied, and he soon became able to pass urine voluntarily. On the following day he was comfortable, with scarcely any abdominal tenderness. The only conjecture which can now be given as to the source of the hemorrhage is that it proceeded from laceration of the mucous membrane of the bladder, and that the outer coats of that viscus were not involved.—*Med. Times and Gaz.*, Sept. 1, 1860.

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Excision of the Elbow-Joint in an old Man—Successful Result.—Excision of the elbow-joint has probably been very seldom performed on patients of more advanced age than was the subject of the subjoined case.

John L., aged sixty-eight, was admitted under Mr. Curling's care into the London Hospital about four months ago, on account of advanced disease of the left elbow-joint. He was, considering his years, in a good physical state, and he was of a quiet, hopeful temperament. He was rather thin, and had lost flesh and strength considerably, in consequence of the local disease. The latter had followed a sprain received fourteen months before, and had advanced rapidly to entire destruction of the articulation. There was great swelling of the soft parts, and from two or three large open sinuses there was profuse discharge. Bare bone could be easily felt by the probe, and grating was produced by forcible motion. There was, besides excision or amputation, no third alternative; the man's health was failing under the disease, and there existed scarcely a possibility of his getting well spontaneously. Mr. Curling decided, notwithstanding the man's age, to perform resection.

The operation was performed in May last. The longitudinal incision was the one adopted. The ends of the three bones, all of them denuded of cartilage and carious, were freely cut away. There was no great loss of blood, though several vessels required ligatures, the thickness and vascularity of the soft parts being considerable. The limb was put up in an angular splint semiflexed. The man was feverish and without appetite for two or three days, but this state soon passed off, and he made a rapid and uninterrupted recovery. He left the hospital, the parts being soundly healed, ten weeks after the operation. He has excel-

lent motion at the elbow, and is already able to use his hand a little.

In 1854, the late Mr. Statham, then Assistant Surgeon to University College Hospital, excised the elbow-joint of a woman aged seventy; but the result was, I believe, not wholly satisfactory. At the same hospital, in 1858, Mr. Erichsen excised the same joint in a man aged sixty-three. Mr. Erichsen's case was one of the first in which, in England, the simple longitudinal incision, as recommended by Langenbeck, was adopted. The man made a most excellent and rapid recovery. It would appear, indeed, that elderly persons bear excisions at the elbow quite as well as amputations of the arm, and, as in them, there is always a risk of secondary hemorrhage from disease of the arterial coats, it is of moment to avoid an operation which necessitates ligature of a large trunk.—*Med. Times and Gaz.*, Sept. 8, 1860.

LECTURE.

Clinical Lectures Delivered at University College Hospital.—By JOHN ERICHSEN, Esq., Prof. of Surgery and of Clinical Surgery.

LECTURE III.—*On the Diagnosis of Tumours of the Breast.*

GENTLEMEN: Every woman who has a swelling in the breast fears it is a cancer. She knows no distinction between one kind of tumour and another, and imagines every tumour to be a cancer. Constantly dreading this disease, she believes, as soon as she finds she has a tumour, that she labours under it. She goes to a surgeon, and uncovers her bosom with great hesitation, and with earnest solicitude scans his countenance as if there to read her fate. If the surgeon be able to say, "My dear madam, this tumour need give you no uneasiness, it is attended with no danger, and will occasion no inconvenience hereafter," he sees by the smile which immediately illumines her features what a load of anxious care is removed from her mind. In many cases of tumour of the breast, as well as elsewhere, it is quite possible to pronounce positively, and at once, for good or for evil. If the patient be middle aged, if the tumour be hard and adherent to the skin, and more particularly if it be ulcerated; if there be a chain of indurated glands extending into the axilla; if the countenance be sallow, with glistening eyes, and the frame emaciated, the surgeon can seldom be wrong in at once deciding the tumour to be cancer; on the other hand, when the patient is young, the tumour hard but movable, the constitution delicate but good, the surgeon may require time to perfect his diagnosis. This uncertainty with regard to diagnosis of the tumours of the breast is an inherent element of these diseases, and may even continue after the growth has been removed from the mamma. In many cases surgeons will be in doubt about its nature, and this doubt is not cleared away until the tumour is subjected to careful microscopical investigation. So great is this difficulty, that the most skilful surgeons will occasionally err. It is true that the progress of the disease, and the state of the constitution of the patient will eventually throw light on the nature of the disease; but there is nothing pathognomonic in the early stage of the growth of these tumours, and it is at this period that the great difficulty in their diagnosis arises.

In the early stages of all tumours of the breast, the surgeon is at last compelled to form his judgment of their nature by the manipulation of the mass. You can readily understand that, however skilled the sense of touch, however much he may possess the *tactus eruditus*, he may easily be deceived. For instance, if you were to put half a dozen apples under a napkin, and by simple manipulation you had to determine which one was a Ribstone pippin, which a golden one, you might in a few cases be right, but in many you would certainly err. This is precisely what happens in tumours of the breast, though the history of the case will often reduce to a certainty the opinion we had formed of a tumour from its feel, and which otherwise would have remained obscure and unsettled. There is no class of surgical diseases in which errors of diagnosis are so likely to occur as in that of diseases of the breast. The most skilful surgeons may err, and have frequently done so; and, indeed, you would gain more instruction from an account, if it were possible to write such a one, of the errors of surgeons in these matters, than by reading any account of the diagnosis of these diseases. It is in a great measure in consequence of, and by taking advantage of these errors, that the cancer-curing quacks, who, whether lay, clerical, or medical, flourish in all large towns, derive much of their reputation with

the public. They have this advantage over medical men. Suppose the "cancer-curer," as he calls himself, fail in effecting a cure, he is then no worse off than the regular practitioner, by whom the disease had previously been pronounced to be incurable. But if a medical man makes an error, and diagnoses cancer when in reality the tumour is a benign one, the patient, knowing that medicine affords her no relief, and that surgery only offers the palliative measure of extirpation, applies to a "cancer-curer;" he uses his caustics, and destroys a tumour, which, being non-malignant, though erroneously believed to be cancer, does not return. Such a case is ever after looked upon by her friends as an incontestable cure of a cancer, which had been pronounced to be incurable by medical men. Hence it is very necessary not to hazard a positive opinion in doubtful cases, or at all events not to throw one out on the gloomy side.

I recollect three cases sent into this hospital at no very distant date, which illustrate this last observation. The first was that of a man with a "tumour" of the lower jaw, which was sent in as a cancer of that bone. It was solid, firm, and prominent; but there was some œdema of the soft parts covering it. I passed in a grooved needle, and let out some pus. It was an abscess. I then put in a seton; the walls were thick, and lay close to the bone; but they rapidly melted down, and the "tumour" disappeared.

The next case was that of a young woman who came to me with a large "tumour" of the side of the neck, of the size of a cocoa-nut, on which was an ulcerated surface as large as the palm of the hand. She told us that it had existed a year or two; that she had been to a medical practitioner, who pronounced it to be "cancer of the neck;" that she then went to a "cancer-curer," who used caustic to it; this gave her such intense pain, that she could not return to him, under which circumstances she applied to this hospital. When I examined the swelling, I felt some deep fluctuation. I inserted an exploring trocar, let out a considerable quantity of pus, enlarged the puncture, and put in a seton. The patient was well in a month. Now, had the "cancer curer" penetrated half an inch more deeply with his caustics than he did, he would have had the credit of curing a cancer of the neck by opening an abscess.

The third case occurred very recently. An old man came here from the country with two cicatrices on the lower lip, which, he said, were the result of two operations for "cancer;" one twelve years ago, and the other a year and a half since. There was a large tumour beneath the angle of the jaw, which several London surgeons had told him was a return of cancer under the lower jaw, for which nothing could be done; and that he had better return home. This tumour appeared to me more elastic, and not so circumscribed, as secondary cancers usually are. I passed a grooved needle into it, and let out a drop or two of pus. I then laid open the tumour. An ounce and a half of thick yellow pus escaped. The wound granulated; the cyst filled; and the man left the hospital cured.

These cases are by no means uncommon. Abscesses, as well as other tumours of the breast, are frequently mistaken for cancer. Some years ago, on going by invitation to the house of a notorious "cancer-curer," whose practice was open to the profession, I saw among his patients a young woman, twenty-three years of age, with a chronic mammary tumour of the breast. I said to him, "Do you call this a cancer?" His reply was, "Wal, I guess it was sent to me as one by a surgeon; and that's enough for me." And no doubt it was enough for him. That was the very thing that men of his class want—a simple tumour, pronounced to be cancerous. They remove it as a cancer, and get the credit of a "cure."

So far as the breast is concerned, for all purposes of surgical diagnosis, its tumours resolve themselves into two classes; first, the simple; second, the malignant. The simple non-malignant tumours again resolve themselves into three classes; first, *abscesses;* second, *cystic tumours;* third, *solid tumours* of various kinds. These are the distinctions you may establish for the purposes of diagnosis. Now let us examine these different classes a little in detail.

First, with regard to the diagnosis of abscess. Now, there are four kinds of abscesses of the female breast; three of these are not difficult to distinguish as abscess; the fourth often is so. The first is the ordinary subcutaneous abscess between the skin and gland, generally near the areola; it is accompanied by the ordinary symptoms of phlegmonous and suppurative inflammation—heat, pain, and throbbing. There is

usually no great difficulty in diagnosing this variety; it is often met with at the age of puberty, in consequence of the increased action set up about this time. It occurs alike in single or married females, and usually without any uterine complications. In the diagnosis of this subcutaneous abscess, error will, however, sometimes creep in. For instance, a gentleman of considerable professional skill and acquirement, one day brought a patient to my house with "a tumour of the breast," which he said would require removal. On examining the bosom, I found one of these subcutaneous abscesses with a good deal of œdema around it. I retired with my friend into another room, told him my opinion, and proposed to open it there and then. "For God's sake," said he, "don't do that. I have said it was a 'tumour,' and I shall get into a scrape if you open it." I told him not to make himself uneasy about that, for I would soon settle matters to his and to his patient's satisfaction. I accordingly told the lady that I was glad to say that an operation would not be necessary, as we should be able to bring the tumour "to a head," and so disperse it. I accordingly ordered some resin cerate to be applied; and in a week the abscess had burst, and there was an end of the "tumour," to the great satisfaction of all concerned.

Two other of these varieties of abscess are of an acute and phlegmonous character. The first, that in the substance of the mammary gland; the second, that which forms behind the gland, in the cellular tissue lying between it and the pectoral muscle. These abscesses generally occur during lactation; and, by coupling the acute phlegmonous symptoms with the presence of lactation, there can be very little difficulty in distinguishing them.

The fourth form is that most frequently confounded with solid tumour. It is the chronic, cold, encysted abscess of the breast. This is a sort of abscess which forms deeply in the mammary gland, slowly, and without any acute symptoms—usually, indeed, without any local symptoms at all. It is hard, deeply seated, and tolerably well circumscribed. This encysted abscess of the breast has been especially described by Sir A. Cooper and by Velpeau. Both these eminent surgeons record cases of it which have been mistaken and operated on for cancer. A story has been told me by a gentleman who was present, of a surgeon now dead, but one of the most eminent of the many great surgeons that France has produced, who, after lecturing to his class just before operating on a case of tumour of the breast, and explaining, with that minuteness of detail and that lucidity of arrangement which the French surgeons possess in so a high a degree, the reasons why the tumour he was about to remove could by no possibility be any but a scirrhus, made his first incision, when a gush of pus took place, and the supposed scirrhus was resolved into an encysted abscess, deeply seated under the mammary gland. Now this accident happening as it did to one of the most eminent of his day, may occur to others of less professional experience; it has, to my knowledge, occurred six or eight times. But it may generally be avoided by attention to the history of the case, and especially to four points of diagnosis. These points, to which I would direct your special attention, are the following:—

1. Encysted abscess is invariably preceded by some uterine disturbance. You will find that the patient has lately been in the family way, and has either been delivered or has miscarried; or, if not pregnant, has suffered from some other uterine derangement — in most cases, however, of a parturient nature—a few weeks or months previously.

2. You generally find that the tumour, if an abscess, though hard and defined, is not distinctly circumscribed.

3. You almost invariably find—and this is a most important point—œdema of the subcutaneous cellular tissue, near the outer or under border of the gland.

4. There is also usually a spot on the surface of the tumour softer and more tender than the rest, possessing, perhaps, a certain degree of elasticity.

Now, by attention to these four points—namely, pre-existing or concomitant uterine derangement, hard but non-circumscribed character of the swelling, the œdema around or beyond, and the soft tender point—you can rarely go wrong in making your diagnosis. In illustration of this, I will mention a case which occurred here some time ago. A woman, thirty-six years of age, miscarried the sixth or eighth week of her pregnancy. Eight months after this, she applied to the hospital for relief for a tumour of the breast. On examination, I found a

circumscribed painless swelling deeply seated in or under the mammary gland. There had been no pain or throbbing in it, and there was no redness over it. At the lower border, there was a spot which felt doubtfully elastic. I made an exploratory puncture into this, and let out about an ounce and a half of creamy pus. A tent was then introduced; and the induration of the walls, which were excessively thick, gradually disappeared, as the wound healed by granulation.

Besides these chronic abscesses of the breast itself, you may get another class of cases; that is, abscess in the neighbourhood of this organ, quite unconnected with the mammary gland. If there is any doubt in your minds, after examining such a case, always put in an exploring needle or trocar; its puncture can do no harm, and it will always clear up the true nature of a doubtful case.

In the next lecture, we shall proceed to the diagnosis of cystic and simple solid tumours of the breast, from cancer of that organ.—*British Med. Journ.*, March 31, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Poisons found in Alcoholic Spirits.—Much excitement has been produced in this country within the last few years by the assertion which has been made that strychnine and other poisonous substances are freely used for the adulteration of spirits distilled from grains. Dr. A. A. Hayes, State Assayer of Massachusetts, asserts (*Boston Med. and Surg. Journ.*, Sept. 27, 1860,) that a somewhat extended series of analytical observations on these spirits has convinced him that there is no good reason for such a statement.

"Cases," he remarks, "of sudden poisoning by the common spirits frequently occur, which are not necessarily referable to poisons of foreign origin. Some of the so-called *fusel oils*, produced in the fermentation of mixed grains, either sound or after they have become injured from exposure, act as powerful poisons, and in some states of depressed action of the human system, fatal effects would doubtless follow from the introduction of such oils into the stomach.

As a general statement, the spirits produced in this country to serve as beverages, are remarkable for their purity and freedom from any substances which careful rectification can remove. When, through age and suitable exposure, the oils contained in them have passed into ethereal bodies and thus ripened the spirits, they become equal, in soundness and purity, to any products imported from abroad, and far less deleterious than most of the so-called brandies of the present time.

There is, however, present in the newly-distilled, and, in most cases, in the older spirits, a source of danger, which, so far as I can learn, has been overlooked, or possibly attributed to criminal intention, which should be publicly known, and is of especial interest to the medical profession.

Newly-distilled spirits, of the most common kind, often contain *salts of copper, of lead, or tin*, derived from the condensers, in which the vapours are reduced to a fluid form. The quantity of copper salt contained in the bulk usually taken as a draught, is sufficient to produce the minor effects of metallic poisoning; the cumulative character of these poisons may even lead to fatal consequences. With a knowledge of the fact now stated, instead of resting on a supposition of the existence of an organic poison, in the spirits which have caused sickness, the physician may notice the symptoms of metallic poisoning, in persons addicted to the habit of consuming newly-distilled spirits, and interpose his aid in preventing the fatal termination of vicious indulgence.

Since I first demonstrated the fact of the frequent occurrence of these metallic salts in the more recently manufactured spirits, the investigation has taken a wider range, and the results have proved that as all spirits at one time were new, so with few exceptions—arising from peculiar rectifications—most spirits have been, or are, more or less contaminated by metallic compounds. Old, or more matured spirits have generally lost every particle of the salts once held in solution. Changes in the organic solvent have caused the deposition of the metallic compound, accompanied by the organic matter from obvious sources, and in such spirits the metallic oxide is always found—if it has been present—in the dark-coloured matter which has been deposited at the bottom of a cask at rest. This dark deposit has the appearance of, has been mistaken for, char-

coal, detached from the charred staves of the casks in which the spirits have been stored.

Of this dark deposit every sample has, on examination, afforded abundance of copper, copper and tin, or copper and lead, even when taken from the finer qualities of foreign spirits.

Observations have been made on the nature of this change from a soluble to an insoluble state. Samples of new spirits have been kept in glass vessels until the whole metallic salt has fallen in dark flocks, leaving the clear fluid free from any metallic compound and perfectly pure.

It appears, therefore, that matured spirits lose their poisonous impregnation during the time necessary to adapt them for use as beverages, and that while the clear, transparent fluid contains no metallic impregnation, a turbid though ripened spirit may prove deleterious through its *suspended* metallic compounds.

In order to avoid the poisonous effects of these salts, perfectly well-ripened and clear spirits only should be used in the preparation of medicines, and when ordered as restoratives, no new or turbid alcoholic fluids should be allowed to enter the room of the patient or hospital. As a further elucidation of this subject, the following more strictly chemical remarks are offered.

The origin of these salts is connected with the production of acids, as well as alcohol, in the fermenting vats. When the wort is subjected to heat in the still, acetic, butyric and other acids rise with the vapour of alcohol, and pass into the condenser, now most commonly made of copper, with masses of solder containing lead. At the instant of condensation, these acids exert a power of corrosion on the metals quite unsuspected, and the salts formed dissolve in the spirit. Where condensers of pure tin are used, no copper salt is found, and a little tin salt takes its place.

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Improved Taste to Cod-Liver and Castor Oils.—Cod-liver or castor oil, shaken up with an equal volume of water distilled off the leaves of the wild cherry tree, in a manner similar to that directed in the Edinburgh or Dublin Pharmacopœia for cherry laurel water, and left to rest forty-eight hours before separation, acquires by this simple operation an extremely sweet perfume and agreeable taste of almonds; the taste remains as long as the digestion lasts. Oil flavoured in this way could be taken by many patients who reject it in its natural state. Castor oil is not affected in its purgative action by this process.—*Boston Med. and Surg. Journ.*, Sept. 27, from *Louisville Med. News.*

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Death resulting from Inhalation of Chloroform.—Dr. W. Krause relates (*Cincinnati Lancet and Observer*, Oct. 1860) the following case of this:—

"On the 25th of last month I performed an operation for artificial pupil, on a farmer twenty-nine years of age, who had generally enjoyed good health. About a year ago he suffered from protracted intermittent fever. The disease of his eyes dated from this time. His constitution was scrofulous anæmic. Preparatory to the operation, chloroform was administered on a folded cloth, by an assistant sufficiently expert in its use. The patient, who had been enjoined to keep his stomach empty on the morning of the operation, inhaled the chloroform in the recumbent posture, from 11 to about 11½ o'clock. He took an ounce and a half of it without resistance, nor did he even manifest the usual ecstatic symptoms. I finally proceeded with the operation, after having three or four times desisted from it on account of the patient's restlessness whenever the lid-holders were applied. Previously, however, the removal of the chloroform was ordered from the patient's mouth and nose, as his breathing had begun to be stertorous. The operation—iridectomy—lasted about five minutes. The anterior chamber of the eye partly filled with blood, which I was about to let out, when I noticed a sudden paleness of the anterior ciliary vessels, which had become injected under the touch of the instruments. Then I found that the patient had ceased to respire, while the action of his heart, though weak, was still perceptible to the ear, regular, and about sixty beats in a minute. Ice-water, sprinkled into the patient's face, on his chest and epigastrium, had no effect. Rhythmical depression of the abdomen also failed to restore respiration. I therefore resorted to Marshall Hall's justly celebrated ready method, varying it only in this particular, that I performed semi-rotation alternately with both sides of the patient's body, in order to produce a completer and more uniform expulsion and aspiration of air. Windows and doors were opened, the

patient's mouth and throat cleaned from a very tenacious mucus, which was not prone to discharge by its own gravity, and peripherical circulation promoted by rubbing of the extremities heartward, the occasional use of ice-water, and clapping of the skin. The function of the heart was sustained by these means nearly an hour. Respiration, however, which had occurred at first about once every minute a few times, gradually lessening the patient's livid complexion, became less frequent and more superficial, until it degenerated into mere pseudo-pnoic efforts. There was during the agony a twitching of the muscles about the mouth, and a drawing up of the patient's legs: then pulsation also stopped. We ceased our efforts at resuscitation one hour and a quarter after the first symptoms of apnœa had appeared.

"No post-mortem examination was made. The deceased had never complained of anything indicating disease of his thoracic organs. His size was over six feet; the configuration of his chest normal. During my short acquaintance with him his spirits were depressed, his temper torpid."

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American Medical Literature.—In the numbers of this journal for the past year we have several times called attention to the healthy growth which was taking place in our medical literature, and which we believed would secure to it a brilliant future. This growth has been since steadily going on, and our anticipations of the result have been fully realized. The works of Drs. Wood, Bartlett, Dalton, Gross, Condie, Flint, La Roche, Meigs, &c. &c., have been received not only with the greatest favour at home, but have obtained the highest commendations from the critical press of foreign countries. We have on previous occasions adverted to some of the favourable notices given of the works of the authors just named, and we would now call attention to the encomiums which have been bestowed on the more recent works of Dr. A. Stillé and Prof. Hamilton.

The *Edinburgh Medical Journal*, of September last, in a review of Dr. Stillé's *Therapeutics and Materia Medica*, thus speaks of it:—

"Rarely, indeed, have we had submitted to us a work on medicine so ponderous in its dimensions as that now before us, and yet so fascinating in its contents. It is, therefore, with a peculiar gratification that we recognize in Dr. Stillé the possession of many of those more distinguished qualifications which entitle him to approbation, and which justify him in coming before his medical brethren as an instructor. A comprehensive knowledge, tested by a sound and penetrating judgment, joined to a love of progress—which a discriminating spirit of inquiry has tempered so as to accept nothing new because it is new, and abandon nothing old because it is old, but which estimates either according to its relations to a just logic and experience—manifests itself everywhere, and gives to the guidance of the author all the assurance of safety which the difficulties of his subject can allow. In conclusion, we earnestly advise our readers to ascertain for themselves, by a study of Dr. Stillé's volumes, the great value and interest of the stores of knowledge they present. We have pleasure in referring rather to the ample treasury of undoubted truths, the real and assumed conquest of medicine, accumulated by Dr. Stillé in his pages; and commend the sum of his labours to the attention of our readers, as alike honourable to our science, and creditable to the zeal, the candour, and the judgment of him who has garnered the whole so carefully."

In the *Archives Générales de Médecine*, for June last, it is reviewed in equally favourable terms.

The reviewer observes:—

"If it were desirable to prove the rapid diffusion of medical knowledge, we could not point to a better example than this treatise on therapeutics. The author, who seems to have spent some time in France, is so familiar with all our doctrines, and even with all our opinions, that his erudition might well be envied by some of our own compatriots. He is no less at home with the investigations of English and German science, and he makes use of all these materials with a skill and discrimination which must give his work a classical position among the text-books prepared for American students. . . . Being under the necessity of criticizing it as though it were a French treatise on therapeutics, our highest expression of praise is to record our regret that it is not among the manuals used in our own schools. . . Notwithstanding these little criticisms, which are rather matters of praise in an elementary work, Dr. Stillé's

book deserves to be classed among the best and most practical treatises on therapeutics."

Prof. Hamilton's *Treatise on Fractures and Dislocations* has been equally favourably noticed abroad. The London *Lancet* (May 5, 1860) pronounces it to be "a valuable contribution to the surgery of most important affections;" and adds, it "is the more welcome, inasmuch as at the present time we do not possess a single complete treatise on fractures and dislocations in the English language. It has remained for our American brother to produce a complete treatise upon the subject, and bring together in a convenient form those alterations and improvements that have been made from time to time in the treatment of these affections. One great and valuable feature in the work before us is the fact that it comprises all the improvements introduced into the practice of both English and American surgery, and though far from omitting mention of our continental neighbours, the author by no means encourages the notion—but too prevalent in some quarters—that nothing is good unless imported from France or Germany. The latter half of the work is devoted to the consideration of the various dislocations and their appropriate treatment, and its merit is fully equal to that of the preceding portion."

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New Medical Department in Columbia College, New York. College of Physicians and Surgeons, N. Y. This last named Institution, which has hitherto been under the custodianship of the Regents of the University of New York, was last winter granted by the legislature a new and independent charter. Under this charter the medical faculty have associated themselves with Columbia College, and on Monday evening, Oct. 22d, this union was formally consummated. The College of Physicians and Surgeons will consequently hereafter constitute the Medical Department of Columbia College. The happiest results are anticipated from this union of these time honoured institutions.

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Long Island Medical College.—At the commencement of this new College, on the 24th July, the degree of M. D. was conferred on 20 of the candidates. The number of students in attendance during the session was 58.

Obituary Record.—Died, in Baltimore, Md., on the 29th of September, in the 55th year of his age, Chapin A. Harris, M. D., one of the editors of the *American Journal of Dental Science*, a very skilful dental surgeon, and the author of several valuable works on dental surgery. His death is a loss to science, to the profession, and to the community.

FOREIGN INTELLIGENCE.

Subnitrate of Bismuth in Gonorrhœa.—At a recent meeting of the Society of Practical Medicine, a report was read on the treatment of gonorrhœa by means of injections, containing in suspension the subnitrate of bismuth. The originator of this mode of dealing with urethral discharges is a M. Mourlon, who, from his position as a military surgeon, has had ample opportunities of testing the value of this drug in the above affection. M. Mourlon, it would appear, was led to investigate the effects of bismuth in gonorrhœa by the observation of its salutary influence upon the intestinal canal when attacked with mucous diarrhœa. The results of his first experiments were encouraging; they were persevered in, and with so much success, that this practitioner deemed it his duty to apprise the profession of this new application of a medicament already very favourably known in therapeutics. The following is the complete formula of treatment recommended by M. Mourlon: On the first day, a warm bath and a saline purgative; on the second, four warm hip-baths and two injections of the bismuth lotion (in the proportion of five drachms of the salt to seven ounces of water); on the following days, three injections to be used daily, with the general injunction that the fluid thrown into the urethral canal is there to be retained for ten minutes each time. The Society seemed to view the method proposed by M. Mourlon favourably, and the conclusions of the report were adopted.

The sub-nitrate of bismuth is very generally employed at the Charité for dusting burns, and I have heard M. Ronat especially speak in high terms of its efficacy in hastening cicatrization, and of its soothing effects on the scorched and vesicated surfaces.—*Lancet*, Sept. 15th, 1860.

Treatment of Leucorrhœa.—In leucorrhœa from chronic stasis of the uterus, without considerable textural changes and in the absence of syphilis, Dr. Pockels has for a long time past administered with great success secale cornutum and catechu, giving of each as much as will lie on the point of a knife three times a day—the catechu being as serviceable as the more expensive tannic acid. If there is anæmia, phosphate of iron is added, and alkalies when acidity of the stomach prevails. An increased secretion of mucus is at first produced, and this may have some blood mixed with it when chronic hyperæmia is present.—*Med. Times and Gaz.*, Sept. 15th, 1860, from *Varge's Zeitschrift.*

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Compression in the Treatment of Varix.—Prof. Botto, of Genoa, has of late treated varix with success by applying compression at two points along the course of the saphena vein—a procedure, he thinks, very preferable to puncturing or injecting the vein. At first he employed digital compression, but afterwards he substituted his present plan of making it. The patient first assumes the standing position for a long period, in order to induce as much distension of the varices as possible. Two pellets of charpie are then fixed firmly by means of two circular rollers over the saphena interna vein, the one above, and the other opposite the knee, in such a way as to comprise between them an interval of about sixteen centimetres. Some inflammatory action is at first produced, but this soon subsides, and in the course of a month the vein becomes obliterated, and reduced to the state of a hard, compact cord. The large varices between the knee and groin will have entirely disappeared; but to obtain a complete cure of those of the leg, and back of the foot, a new compression will have to be instituted at the lower third of the leg.—*Ibid.*, from *Rev. Méd.*, 1860.

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Affection of the Hip-Joint as a Consequence of Uterine Disease.—Dr. Hoppe calls attention to the fact that in the course of uterine disease, there may be well-marked hip-joint disease set up, as indicated by pain and tenderness in the region of the joint or the trochanter, and impeded movement, owing to the contraction of the adductors and flexors. Both sides may be affected, either simultaneously or in succession. It may exist only in a trifling degree, and when it prevails to a greater extent it may go on afterwards independently of the uterine affections. In moderate cases the affection of the hip-joint disappears with that of the uterus.—*Ibid.*, from *Berlin Med. Zeit.*

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Croup without Croupal Cough.—Dr. Gottschalk relates some cases to show that while, on the one hand, a cough precisely resembling that of croup, may be present in mere laryngitis, the characteristic cough may be entirely absent in true croup attended with fatal exudation.—*Ibid.*, from *Journ. für Kinderkrankheiten.*

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Report of a Committee appointed by the York Medical Society, to investigate the Question of the Disinfecting Powers of Heat.—The committee had endeavoured, by means of written inquiries, to obtain the best information on the following points:—1. As to what was already considered to be known and determined in relation to this question; 2. As to the extent to which a belief in the truth of the affirmative proposition had been entertained and acted on; and 3. What had been the practical conclusions arrived at in those cases in which the principle had been admittted into practical application?

The late Dr. Henry, of Manchester, at the solicitation of a merchant of that town, made a series of experiments with the view of devising some certain and effectual method of disinfecting cotton of the contagion of plague, without impairing the tenacity of the fibre, or rendering it in any way unfit for the purposes of manufacture.

That heat might possess disinfectant power, suggested itself to Dr. Henry from reflecting on the observations of Dr. Russell and other writers on the plague, that this disease appears to lose its contagious property during the prevalence of very high degrees of atmospherical temperature. Chemical reasoning also appeared to strengthen the probability that a temperature raised to no great extent would suffice for the decomposition of infectious matter, as being products of organic life, and consequently of a complex nature, and owing their existence to affinities which are nicely balanced and easily disturbed, and ready, under the influence of heat, to have their

atomic arrangements modified, and their character and properties disturbed.

Dr. Henry ascertained: first, that cotton, silk, and wool, may be exposed for several hours to any temperature under 212° Fahr., without being in the alightest degree damaged; secondly, that vaccine lymph does not lose its characteristic properties by exposure to a temperature below 120° Fahr., but that it is rendered totally inert by exposure to a temperature of 140° Fahr.; and, thirdly, that four children, between the age of six and thirteen years, who were well ascertained not to have had scarlet fever, wore with impunity jackets worn during the height of the eruption by scarlet fever patients, and afterwards corked up in bottles, and exposed to a dry heat, varying from 200° to 206°, for a period varying from two to four hours. Dr. Henry likewise tried some experiments on his own person, with the infection of typhus fever, flannel waistcoats being similarly employed with negative results; but on these he did not lay much stress.

These experiments afford the chief ground, and the only scientific basis, of a belief in the disinfecting power of heat; and they derive great weight from the well known scientific accuracy of Dr. Henry as an observer and experimenter, and the philosophic caution by which he was distinguished.

After seeking and obtaining information from various sources, the Committee arrived at the following inferences and conclusions:—

1. The experiments of Dr. Henry, although insufficient for the purpose of scientific demonstration, afford strong presumptive evidence that heat, near the boiling temperature, does possess the property of destroying infection claimed for it by the discoverer.

2. Although no carefully conducted experiments on this subject appear to have been instituted since those of Dr. Henry, yet, so far as the inquiry has extended, wherever the principle has been acted on, the result has been satisfactory. The argument being in its nature cumulative, this theme gained additional force, since first propounded, though, from lack of observation, it has not made that progress which the friends of science and humanity might hope for.

3. Nothing has been added to the literature of the subject since the very able original papers were published; and the professional mind has shown too great indifference, and has not realized the great sanitary importance of the discovery.

4. The credit of the profession is involved, and it is incumbent on its members, who alone possess the means and opportunities of accumulating evidence, not to allow this question to continue in its present unsatisfactory condition, but to take measures for its practical solution.

5. The required proof and public confidence in its sufficiency, can only be attained by a widely extended trial of the power of heat as a disinfectant, under the recommendation and observation of the members of the medical profession.

6. It would tend greatly to insure the accomplishment of this object, if the Epidemiological Society could be induced to take up the inquiry, and recommend it to the consideration of its members. It would be for this—the York Medical—Society to consider whether it might not be desirable to report their proceedings to the President of that Society.

7. Measures should be taken to induce the members of the profession generally to give their attention to the subject, in order to insure a numerous and widely extended series of observations, conducted under the supervision of medical men, which may be made available as evidence.

8. As nothing would be so likely to facilitate every other measure which it might be considered desirable to adopt for the furtherance of this inquiry as the being able to recommend to the profession and the public some simple and inexpensive apparatus, it would therefore be desirable, as a first step, to appoint a committee to consider the best construction of an apparatus for conducting the process of disinfection by heat.—*British Med. Journal*, April 7, 1860.

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Woorara an Antidote to Strychnia.—Among the various subjects bearing on medicine, introduced to the notice of the Academy of Sciences on Monday, the 10th inst., one of the most interesting perhaps at the present moment is a detailed account given by Signor Vella, of Turin, of certain experiments undertaken by him in connection with the effects of woorara administered to animals after the ingestion of poisonous doses of strychnia. These researches, which seem to have been carefully and conscientiously prosecuted, go a long way

to prove that these two drugs, strychnia and woorara, stand one to the other *almost* absolutely in the relative positions of poison and antidote. (The reserve implied by *almost* is necessary, as it will be seen that this neutralizing property possessed by the woorara can be relied on within certain limits only.) The author of the above communication informed the Academy that he was first led to administer woorara in the treatment of tetanus by the consideration of certain experiments by M. Claude Bernard, in which it was clearly established that the physiological effects of this poison on the animal economy were due to paralysis of the motor nerves. For several years past, therefore, Signor Vella has been occupied in investigating the question of the curability of tetanus by woorara. This special therapeutic action clinical observation certainly denies to this agent, and Signor Vella has of late given to his researches a somewhat different direction, and has undertaken ninety-seven fresh experiments, partly with a view to the possibility of rendering the ingestion of strychnia innocuous by subsequent injection into the blood of solutions containing woorara, partly with a view of ascertaining in what proportions and to what extent the two drugs administered *conjointly* could be taken without the poisonous effects of *either* being manifested. In the first class of investigations, then, the animals, generally dogs, were poisoned, or at least made to swallow a dose of strychnia known to be fatal to them under ordinary circumstances, and then small quantities of woorara were from time to time thrown into the jugular vein whenever tetanic symptoms showed themselves, until the toxical effects of the first agent were exhausted, and complete recovery of the animals took place. In the second category, the two poisons were mixed in certain determined proportions, and no effect whatever was produced, and the life of the animal was unaffected. A specimen of each suffices to illustrate Signor Vella's mode of proceeding. In a first experiment, the solution of two-fifths of a grain of hydrochlorate of strychnia in six drachms of distilled water was injected into the stomach of a middle-sized dog fasting, with the effect of producing at the expiration of a quarter of an hour violent tetanic convulsions. A solution of woorara was then thrown into the jugular vein; this produced a temporary cessation of the muscular spasm. When the convulsions returned, the injection was resumed, and continued at intervals until a dose of three-fifths of a grain of woorara, dissolved in half an ounce of water, had been taken into the circulation. The whole operation lasted three hours, and at its termination the dog was allowed to run about the laboratory, apparently quite well, and no return of the tetanic symptoms occurred subsequently. Three days were now allowed to elapse, and the same dose of strychnia was exhibited to the same animal, who was then left to his fate, and died sixteen minutes after its administration. In an experiment of the second class, into the jugular vein of a big dog is injected a mixture containing one thirty-third of a grain of strychnia, and a quarter of a grain of woorara, dissolved in fifteen minims of water, and the operation is followed by no bad result whatever; but on a subsequent injection of the same dose of strychnia, not guarded by woorara, the animal is killed in the space of ten minutes. It has been proved by Signor Piria, a chemist at Turin, that on the mixing together of these two agents no new chemical combination takes place, nor is appreciable alteration noted, the two drugs preserving their individualities indefinitely—a fact which renders their *modus operandi* in the process of mutual neutralization all the more obscure, the natural conclusion at first sight being that their harmlessness when mixed was owing to the formation of a new and insoluble salt. —*Lancet*, Sept. 29, 1860.

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Diabetes.—M. Schiff's experiments on the subject of diabetes seem to settle the heretofore debated question—how the sugar comes to accumulate in the blood. The two theories held on this subject were: 1. That the actual quantity of sugar formed was abnormally great, in consequence of increased activity of the liver in its formation; and, 2. That the quantity formed in the liver was not actually greater than normal, but that the ferment (an hypothetical agent) which caused its transformation in the blood was defective, and therefore the sugar accumulated. M. Schiff apparently decides the question. According to him the excess of sugar in the blood, as found in artificially produced diabetes, results from an excessive formation of sugar in the liver. M. Schiff found that diabetes could be produced by the induction of an hyperæmic

condition of the liver—a simple mechanical hyperæmia! He found the same thing result on removal of the spleen, whereby the liver was congested.—*Med. Times and Gaz.*, Aug. 25, 1860.

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Foreign Bodies in the Bladder.—In a table drawn up by M. Civiale, in 1839, and containing a collection of 166 cases of the kind, we find the following articles removed from the bladder; 25 needles and pins, 1 bodkin, 2 ear-pickers, 6 fragments of bone, 5 teeth, 18 sounds or bougies, flexible and rigid, 12 pieces of wood, 6 needle-cases, 1 cork, 13 plant stems, ears of corn and straws, 9 pieces of lint, 6 pipe-stems, 3 glass tubes, various kinds of fruit, feathers, and hair, not to mention other matters accidentally introduced during operations, gunshot wounds, etc. Since that period, M. Civiale has extracted from this viscus, 19 sounds and bougies, a leather strap, two penholders, an artist's brush-handle, 2 pieces of bone, a piece of tendon, a lamp wick, a barometer tube, and a medal.—*Gaz. des Hôpitaux.*

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Natural Length of Life.—It is asserted that the average length of life in France before the revolution of 1793 was twenty-eight years, and that at the present time it is thirty-seven years. M. de Lapasse assures us that if we would only live reasonably, we should reach to an average of 150 to 200 years! This is what he calls the natural length of life. "The life of warm-blooded mammiferæ is subject to an invariable law; the duration of their existence appears to be equal to ten times the period of their growth. It is thus with the elephant, the ox, the cat, the dog, and the quadrumana. Two mammiferæ are the only exceptions—the horse and the man. And why? It is because they are slaves—the one of the dire condition of work, and the other of his passions and the necessities of his social condition." —*Med. Times and Gaz.*, Sept. 29, 1860.

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Cholera at Gibraltar.—The cholera which has for some time prevailed in Spain has passed the frontier and reached Gibraltar.

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The Adulteration of Food and Drink.—An act has been recently passed by the Parliament of Great Britain, and is now a law, to prevent the adulteration of articles of food or drink.

"By this act it is rendered illegal—

"1. To sell any article of food or drink with which, to the knowledge of the seller, any ingredient or material injurious to health has been mixed.

"2. To sell as pure or unadulterated any article of food or drink which is adulterated or not pure.

"The punishment for the first offence consists in the infliction of a fine not exceeding £5; while for subsequent offences it is rendered lawful for the justices to cause the offender's name, place of abode, and offence to be made public."

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Retirement of M. Ricord from the Hôpital du Midi.—The Parisian correspondent of the *Lancet* writes as follows:—

"The medical profession will hear with regret of the definite retirement of M Ricord from the post of Surgeon to the Hôpital du Midi. Philip Ricord is a native of America, and was born at Baltimore, on the 10th of December, 1800. Owing to the regulation now in force, which excludes from the exercise of hospital functions those surgeons who shall have attained the age of sixty, the term of service of the talented surgeon would naturally have expired at the end of the present year. M. Ricord has, therefore, probably deemed it a more dignified course to resign prior to the completion of the full period. For nearly thirty years this celebrated Professor has occupied the Clinical Chair of the special branch of Surgery to which the Hôpital du Midi is exclusively devoted. The materials with which M. Ricord has built up his colossal reputation have, for the most part, been gleaned from the wards of this establishment. The admiration he has won, the friendships he has secured, the fortune he has accumulated, are all more or less consequences of his connection with this hospital. It was not likely, therefore, with such associations crowding on the memories of the speaker and of his audience, that M. Ricord should be able to take leave of the field in which he had toiled so cheerfully and so indefatigably for the space of an entire generation without a lively feeling of emotion and regret, touchingly expressed by himself, and as warmly sympathized in by his hearers. The scene of last Thursday, M. Ricord's farewell to his hospital career, was a complete ovation. For more than two hours a numerous audience of

friends, pupils, and admirers listened with deep interest and veneration to a most pathetic parting address. The speech of the talented surgeon embraced a masterly sketch of the many and valuable contributions—the fruits of a long life of well-directed industry—with which his labours have enriched the treasury of medical science. If any man at any moment of his life might be pardoned the indulgence of a little self-glorification, surely M. Ricord, on Thursday afternoon, was entitled to such a privilege. On this occasion, however, the modest and unassuming manner in which he alludes to his immense services charmed and delighted his hearers by its delicacy of feeling; and the deafening acclamations which succeeded his valedictory discourse bore ample testimony to the warm sympathy he enjoys amongst his professional brethren.

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Poisonous Millinery.—Erdmann and Ziureck have frightened the ladies of Leipsic and Berlin with the discovery that some green tarlatans were coloured with arseniate of copper. The colour was merely fixed on with starch paste, so that the least friction sufficed to remove it. Erdmann also speaks of a colouring matter known as cochineal red, which contains a good deal of arsenic in the form of arseniate of alumina. At Berlin Herr Ziureck was officially appointed to investigate the matter, and he found a good many specimens of green tarlatans which were coloured with the arsenical preparation applied superficially as described by Erdmann. Certainly the air of a ball-room in which many of such dresses were rubbed together would become rather strongly charged with poisonous matter.—*Med. Times and Gaz.*, Sept. 8, 1860, from *Chemical News.*

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Men and Apes.—An anecdote of the discussion at the British Association, on Mr. Darwin's book, is current. The two most prominent speakers on either side were the Bishop of Oxford and Mr. Huxley. "If I may be allowed to inquire," said the Bishop of Oxford, "would you rather have had an ape for your grandfather or grandmother?" "I would rather have had apes on both sides for my ancestors," replied the naturalist, "than human beings so warped by prejudice that they were afraid to behold the sun."—*Lancet*, Aug. 25, 1860.

John Hunter.—The Council of the Royal College of Surgeons have caused a beautiful memorial tablet to be placed over the site of the grave of Hunter, whose remains now rest in Westminster Abbey, with the following inscription: "Beneath are deposited the remains of John Hunter. Born at Long Calderwood, Lanarkshire, N. B., on the 13th February 1728; died in London on the 16th October, 1793. His remains were removed from the church of St. Martin's-in-the-Fields to this Abbey on the 28th March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter to record their admiration of his genius as a gifted interpreter of the Divine power and wisdom at work in the laws of organic life, and their grateful veneration for his services to mankind as the founder of scientific surgery." This inscription is deeply cut in brass, of a Gothic design, inlaid in a slab of polished red granite. Mr. Weekes is intrusted with the model of the statue, which is to be of marble, and to be placed in the Hunterian Museum.—*Ed. Med. Journ.*, Oct. 1860.

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Lord Byron's Foot.—Models of the feet of Lord Byron have been this week deposited in the Museum of the Nottingham Naturalists' Society. They are described as about nine inches long, narrow, high at the instep, and generally of symmetrical shape. In an accompanying affirmation, it is stated that the deformed foot (the left) was not, as has been generally stated, a "nub" foot, but that it was formed symmetrically as the other, being, however, exactly an inch and a half shorter. The ankle was weak, and the foot turned outwards. To remedy this it states that Lord Byron wore a very thin boot, tightly laced, under his stocking; and in early life employed an iron, with a joint at the ankle, passing down the outside of the leg, and fastened to the sole of the shoe. The muscles of the calf were atrophied.

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Obituary Record.—Died, in London, Aug. 11th, 1860, of progressive muscular atrophy, Theophilus Thompson, F. R. S., physician to the Hospital for Consumption at Brompton, in the 53d year of his age. Dr. T. was a zealous, active, and very successful cultivator of our science, and by his death the profession and society at large have sustained a loss which will not be soon or easily repaired.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Amputation of Useless Limbs.—On the 12th of September we were present at Guy's Hospital when two useless lower limbs were removed by amputation, with the probability of ultimately permitting the patients to go about on artificial appliances. They had been cripples for years, and had undergone much inconvenience and suffering. The first of these was a female, twenty-two years of age, whose general health was extremely delicate, and whose expression indicated fatigue and anxiety. She had been admitted for deformity of the left leg, which had now become so inconvenient and troublesome that she was most anxious to get rid of it. When a child, she had an anchylosed hip-joint; the knee also became diseased, and ended in osseous anchylosis. The whole of the cartilages were destroyed, the leg being bent at an angle backwards. No part of the leg had grown, it was considerably shorter than its fellow, and she could not put the foot to the ground. The muscles also were very much atrophied, giving an extremely emaciated appearance to the limb. Added to all these was ulceration of the foot, which had resisted all attempts at healing. The only means, therefore, that could be adopted, was removal of the limb about the centre of the thigh, so as to permit the wearing of a wooden leg. This measure was carried out, by means of lateral flaps, by Mr. Cock, the patient having been narcotized by chloroform. Very little blood was lost; but on cutting through the structures, only slight traces of muscular substance were observed, from the arrest of development consequent on disuse and disease. It is expected that she will be able

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to walk about with some comfort, when her health is sufficiently restored, and the stump healed so as to permit the wearing of the artificial leg.

The other patient, a young man, aged twenty-three years, had had a paralytic and deformed leg since he was nine months old; it hung quite useless, and dangled about like a flail. He always walked with a crutch; and the limb generally, as in the other patient, was wasted and shrivelled from disuse and arrest of development. The foot and ankle also were deformed into one of the varieties of talipes. Mr. Bryant performed amputation below the knee-joint by means of lateral skin flaps, but cutting through the muscles in a circular manner; and very little blood was lost, as in the preceding instance. The knee will form a pad to rest upon an artificial leg.—*Lancet*, Oct. 27.

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A Poisoned Hand.—The effects of the absorption of some poisonous agent upon the subcutaneous and deep areolar structures of the hand were witnessed recently in an elderly woman, aged fifty-nine, at Guy's Hospital, who underwent amputation of the forearm by Mr. Cock on the 11th of September. The patient was by occupation a monthly nurse. About two months ago she was washing some soiled linen, and, as she states, poisoned her right hand; for after her work was done the member began to swell, and became generally inflamed, This continued for several days, with severe pain, and proceeded to ulceration of the cartilages of the carpus. With this state of things was associated œdema of the entire hand, wrist, and fingers, simulating to a certain extent elephantiasis. Such a hand as this was entirely useless, and it was thought best to remove it some inches above the wrist, which was done under chloroform. An examination made afterwards showed all the structures to be thoroughly disorganized. The patient is going on favourably, and will have a good stump.

As commonly observed, poisoned wounds are the result of stings of insects or the bites of serpents or rabid animals, and dissection wounds come under the same category. It is possible that the poison in the case just narrated may have been similar in its nature to the specific virus from a dead body.—*Lancet*, Oct. 27.

Air in the Pericardium.—The fact is known to pathologists, that in certain rare instances air is found in the pericardium, and it is stated by some writers that it is commonly conjoined with sero-purulent effusion. In a case of vaccination, followed by death, at St. George's Hospital, under Mr. Cæsar Hawkins' care, at the post-mortem examination there was discovered a large quantity of air in the pericardium, but no effusion of fluid. This circumstance invests the case with some amount of interest, for it shows that the secretion of the air occurred independently of the decomposition of any liquid body, which is considered ordinarily to be the cause of its presence. Sometimes, in rare examples, the presence of air has been detected in the pericardium during life, by an unusually clear resonance at the lower part of the sternum, or by a sound of fluctuation produced by the beats of the heart, or again by deep inspirations. This strongly confirms the idea, that the generation of the gas, whatever it may be, is by no means the result of post-mortem changes. It is not at all improbable, that when the pericardium has been found almost dry, this result is owing to the influence of the secreted air upon the membrane, aided very likely by a deficiency in the natural secretion of serum, which permits of the lubrication of the part in health.—*Lancet*, Oct. 27.

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LECTURE.

Clinical Remarks upon a Case of Diabetes. Delivered at Charing-Cross Hospital. By W. Hughes Willshire, M.D., of Edin., Assistant Physician to, and Lecturer upon Medicine at, the Hospital:—

Gentlemen: There is a female patient, named P. E——, in the Clinical Ward, to whom I am desirous of directing your attention. I have already incidentally referred to her, but as her case is one of much interest, and as she has now been some time in the hospital, and we may possibly soon lose her, I wish to enter into some details about her whilst she yet remains with us.

This patient is twenty-nine years of age, married, and has one child. She was admitted into the hospital as far back as the 12th of May. She then told us—or at least my clinical clerk, Mr. Belcher, who took the case down—that a few months after having had ague, in 1857, she began to be troubled by intense thirst, and by being

very frequently obliged to micturate. The amount of both thirst and urine had been increasing ever since. In March, 1858, she first noticed her eyesight to become affected; there was a dazzling, afterwards a kind of mist or smoke seemed to pervade everything, and the power of vision gradually went away, leaving her blind in both eyes. The catamenia had stopped eight months back, and had not reappeared. Latterly her skin had become dry, and inclined to scale off in the winter. During the previous summer, however, she sometimes perspired freely. Her appetite for the last six months had become ravenous. She had suffered from thirst ever since she had ague in 1857, but of late her desire for drink had much increased. She has long been obliged to rise several times during the night to pass urine. The bowels are usually very costive, being occasionally confined for a week together; but sometimes she is liable to a slight attack of diarrhœa. She is very emaciated, but has a rather florid colour, and seems happy and resigned in mind. She has not any cough, and does not look phthisical. She entered the hospital to have her eyesight remedied by Mr. Hancock.

Soon after her admission, my colleague kindly referred the medical department of her troubles to my clinical service. It was not a difficult matter to arrive at the nature of the sufferings of thankful and happy-minded P. E——. You have heard that she was very hungry, very thirsty, and very thin; that her skin was dry and scurfy; her bowels confined, and that she passed a very considerable quantity of urine. We found her so weak that she was forced to lie in bed, yet hinting that she could *eat* a little more if more was offered to her. We smelt her breath, and noticed that it had a very marked sweet-apple or chloroform-like odour, though not such a strong one as had another diabetic patient of mine up stairs, the approach to whose bed was something like going near an unstoppered bottle of chloroform. There is no exaggeration in this statement; some of the last session's students will bear me out in what I say, as they were witnesses to the fact.

Now these were general and vital signs, all pointing to the presence of sugar in the patient's urine. Well, then, we examined her urine. We found it voided in quantity between eleven and twelve pints in the day. It was of a very pale straw colour, sweetishly faint in odour, clear, and having a specific gravity of fully 1040. Upon applying the tests of Trommer, Moore, and using the solution of Barreswill, we found the presence of sugar abundantly demonstrated. Some of you will recollect that we afterwards put some yeast to the urine, and so availed ourselves of the fermentation test. This test we also had recourse to again only the other day. It was clear, then, that this woman had glucosuria, and was passing a considerable amount of solid matter in the urine during the twenty-four hours. We examined her lungs, but could not detect that she had that common accompaniment of diabetes—viz., phthisis. But if she was not consumptive, she was *blind*. Mind, this is a point of great interest in this case. She was blind, I say; she had *cataract*, and cataract of both eyes. Before, however, I touch further upon this matter, let me tell you what we did for the diabetes. I ordered her a grain of quinine and a grain of opium three times in the day, an occasional warm bath, and purgatives when necessary. All vegetable matters, except coarse brown bread with the bran in it, and which is made, I may remark, purposely for us by one of our governors (Mr. Robb, in St. Martin's lane), were prohibited. A rigorous embargo was laid against sugar, but *four* meat diets, with extra milk and eggs, were allowed her to make up for these denials. Soon after this plan of treatment was put into force, the patient began to improve; she got much stronger, the quantity of urine lessened, and the gravity of it became often much lower. She ceased to rise to micturate in the night, the bowels became more manageable, and the thirst much less intense. Sufficient for me to say, she now passes (Oct. 15, 1860) four pints and a half of urine during the day, the specific gravity of it being from 1038 to 1040. This quantity, with an occasional lower degree of gravity, has been the rule for some months past. Once the quantity went down to three pints, and had a gravity of 1026, but sugar was well contained it. Then both quantity and gravity rose again, and do what I may, I cannot get it less than four pints, with a gravity of 1038, for any length of time. The only addition to her treatment up to quite recently has been, that the opium and the quinine were each increased to two grains three times in the day. Once for a few days the patient felt so well, that she could not refrain from eating some potatoes.

The urine rose in quantity and gravity, and she had a slight attack of diarrhœa. But she has undoubtedly gained flesh since she has been under the treatment I have mentioned.

Now to revert to her blindness. You hear the patient had cataract of both eyes, for the relief of which she had sought Mr. Hancock's skilful assistance. Let me now inform you that an American physiologist, Dr. S. Weir Mitchell, published in January of the present year a memoir showing that cataract could be produced in frogs by introducing sugar into their system; and his further experiments proved that a peculiar form of cataract was a pretty constant attendant upon "sugar poisoning." This paper coming across the notice of a gentleman whose genius for physiology is only equalled by his acuteness and persevering energy—namely, Dr. B. W. Richardson—served at once as a hint to him for undertaking what he has called the "synthesis of cataract." From March last up to the present time, I believe, he has been more or less occupied in its investigation. He first began by introducing syrup of cane sugar into the living system of fishes and frogs, and, as a rule, it may be said that "sugar-poisoning" and opacity of the lenses were produced. Dr. Richardson then experimented with grape-sugar and with syrup-of-milk sugar, and the like results followed. He then passed on to mannite, and the effects were the same; but in his next experiments with liquorice there was a want of agreement. A grand point now with Dr. Richardson was to be enabled to introduce true diabetic sugar into the living organism. I am glad to think that my colleague, Mr. Hancock, and myself were enabled to place our patient, Phœbe E——, at Dr. Richardson's disposal for this purpose. We had the pleasure, some of you will recollect, of seeing Dr. Richardson at this hospital during the early part of the summer. He obtained from us several pints of the patient's urine, with which, to use his own expression, he "made numerous interesting experiments;" some of these, I may add, were performed at Bedford on June 15th, before the members of the South Midland Branch of the British Medical Association. As a rule, again, symptoms of "sugar-poisoning" were produced, and the cataractous condition was "markedly brought out." Other series of experiments have also been continued by him, but for further information about this gentleman's inquiries I must refer you to his papers now publishing in Dr. Brown-Séquard's *Journal de la Physiologie* (No. 12).

Attention was now directed to the chronicles of *pathology*, to discover if they gave any support to this physiologic view of a causal connection between diabetes and cataract. The most concise *résumé* of what is to be obtained in this field you will find in the last volume of Guy's Hospital Reports (Third Series, vol. vi., p. 266), in a paper by Mr. J. F. France. He there tells us that he himself drew attention to "diabetic cataract" in January, 1859, in the Ophthalmic Hospital Reports, but that Dr. Mackenzie, of Glasgow, had alluded to it in 1854. More recently Messrs. Duncan, Wilde, Walton, Veasey, Sloane, Newman, and Barton have instanced cases bearing upon the point. These you will find specifically alluded to in Mr. France's paper. I have referred to Schauenburg's "Ophthalmiatrik" (p 114); there I find it stated that diabetes is very often followed by soft cataract, and Unger's name is brought forward in support of the assertion. In the *Lancet* of April 28, 1860 (p. 424), there is a note to the effect that Graefe had stated, in the *Deutsche Klinik*, that diabetes was very frequently the cause of cataract. It is right to mention, also, that Dr. Richardson admits both Dr. Mitchell and himself have been forestalled by Kunde, who some years ago travelled far in the same direction—the synthesis of cataract (*Journal de la Physiologie*, p. 450). With regard to "diabetic cataract," Mr. France generalizes thus: the cataractous condition is symmetrically developed upon both sides; the lenses increase very largely in their antero-posterior diameter; the cataracts are of soft consistence; the ocular affection comes on only after the diabetic state has existed for some time, and there has not in any case been reason to suspect further disease of the eyeball (*op. cit.*)

With regard to our patient, I may remark that Mr. Hancock first operated upon her on June 9th; and he informs me that the cataracts were double and of soft consistency, and that he did not observe that the lenses were larger in any direction than usual. He likewise says that absorption did not by any means proceed so rapidly after the operation as it usually does. The operation performed was that called "breaking up." Mr. Han-

cock again "broke up" the lenses upon October 8th, and he tells us that although the lens in either eye is not as yet absorbed, the patient is beginning to see very satisfactorily, particularly with the left eye; so that the result of the operations may be considered favourable. Soon after the last operation was performed some inflammation of the left eye occurred, followed by a slight adhesion of the iris. Mr. Hancock and myself had some talk together about suspending the quinine and opium, and giving a little mercury. Although not without some misgivings regarding the possible effects upon the diabetic condition, the last mentioned drug was had recourse to, and certainly with benefit to the visual organs I have been very anxious about the urine, therefore, and have several times examined it. To-day we made some inquiries, you will remember, about this excretion in the wards. The specific gravity of the urine we found to be 1040; the quantity rather more than four pints; and the presence of sugar was indicated by the various tests we employed. The patient told me to-day that she felt weak, and was obliged to rise during the night to pass urine. When I inquired if she had an appetite for her four meat diets, she smiled, and said, "Oh dear, yes!" as if it was a very easy matter for her to dispose of our commissariat allowance. As I intend, with my colleague's permission and assistance, to inquire into the state of the urinary secretion of his cataractous patients at our neighbouring ophthalmic hospital, it is probable you may hear something more from me upon this matter.—*Lancet*, Oct. 27, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Glass Wound of Palm of Hand.—Dr. H. J. Bigelow communicated to the Suffolk District Medical Society (Oct. 27, 1860) the case of a young man who had slightly pricked the palm of his hand with a piece of glass. "There was much bleeding at the time, but the wound healed by the first intention; afterwards, the back of the hand became swollen, as if pus were forming. The hand was poulticed, and he returned in a few days, having had hemorrhage from the wound; the palm was more swollen, soft and fluctuating. Dr. B. felt that he had to deal with a false aneurism. The patient was sent to the hospital, the palm opened, and considerable coagulum turned out, but the bleeding vessel could not be found. One or two superficial vessels were tied, and compression tried, which controlled the bleeding for three days, and then there was free hemorrhage, with oozing from the wound, for four days more, when he tied the brachial. But this did not stop the hemorrhage. On cutting deeper, he found a second brachial, which was also ligatured, which stopped pulsation in the ulnar, and yet the bleeding did not cease. On further search he found still a third artery, which he ligatured also, and thus succeeded in stopping the bleeding. In this case, the radial, ulnar and interosseous branched high up.—*Boston Med. and Surg. Journ.*, Nov. 8, 1860.

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Orchitis treated by Incision into the Tunica Albuginea Testis.—Dr. A. G. Wilson reports (*American Medical Times*) three cases of orchitis successfully treated in the Brooklyn City Hospital, by Prof. Hutchinson, by incision, a method first proposed by J. L. Petit, and revived and practised by M. Vidal in more than 400 cases with success. In the three cases reported the excessive pain was at once relieved. The incision through the tunica albuginea must be made with great care to avoid wounding the seminiferous tubes which might lead to the establishment of a seminal fistula.

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College of Physicians and Surgeons, New York.—Thomas M. Markoe, M. D., has been appointed Adjunct Professor of Surgery.

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Medical Department of the University of the Pacific.—We learn, from the October number of the *San Francisco Medicol Press*, that the number of students during the first session of this school was *eleven*, and during the second *fifteen*. At the close of the first session two were graduated, and at the close of the second one. The regular course of lectures commence on the first Monday of November.

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Professor Hodge on Diseases Peculiar to Women.—We have just received a very handsome octavo volume of over 450 pages, from the pen of Dr. Hodge, the eminent

Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, embodying the results of the extensive experience and mature reflections of the author on the diseases peculiar to women. It is quite sufficient to announce the publication of this work to secure for it the early and attentive consideration of the profession. It is only necessary to add that the volume is beautifully illustrated by drawings from preparations in the author's museum, with figures of the various instruments employed by him, diagrams of the various displacements of the uterus, &c.

FOREIGN INTELLIGENCE.

Ethereal Instillations into the Ear for the Cure of Deafness.—The excellent report read by M. MÉNIÈRE, Physician to the Deaf and Dumb Asylum in Paris, at a late meeting of the Academy, has completely set at rest the question of the efficacy or inefficiency of ethereal instillations into the ear for the cure of surdo-mutity. M. Ménière availed himself of the advantages afforded by his position at the Asylum, and instituted a series of experiments with a view to the solution of what, strange to say, was, and is still in many minds, an undecided question, and came to the conclusion that sulphuric ether exerts *no action whatever* upon the auditory senses of those congenitally deaf and dumb. M. Ménière might have been entitled to carry his condemnation still further, but said that, in his character of scientific experimentalist he was bound scrupulously to respect the limits he had himself imposed upon his researches.

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Cause of Epilepsy.—At the last meeting of the Academy of Sciences, M. DEMEAUX sent in a paper, the subject of which is most important, not only in its physiological, but also in its hygienic bearings. "From a certain number of facts which I have collected," says M. Demeaux, "I am convinced that intoxication on the part of the male at the moment of conception becomes one of the frequent cases of epilepsy in the offspring. Out of thirty-six cases of epilepsy in my practice, I have been enabled to ascertain from the confessions of the mother that in five the fecundating process had been performed whilst the father was in a state of inebriety, and my assertions are based wholly upon the declarations of the female parents." M. Demeaux traced also to a like source two cases of congenital parsplegia and a case of idiocy. Surely such facts as these should be investigated in London, where habits of intemperance amongst the lower classes are so common, and where the conditions above dwelt upon must be frequently fulfilled.—*Lancet*, Oct. 27.

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Tapeworm.—Dr. COBBOLD read before the Middlesex Hospital Medical Society, October 15, a paper on tapeworm, its prevention and treatment. The very interesting observations of recent naturalists upon the development of tapeworm, and their relationship to the cystic entozoa were pointed out, and illustrated by diagrams and specimens. The author then remarked, that to harbor parasitic beings appears to be an almost universal and normal condition of existence. He had himself dissected upwards of six hundred animals belonging to the different vertebrate classes, and had in almost every instance found some form of internal parasite, often many different species, and innumerable individuals inhabiting the same creature. Upwards of twenty species of entozoa are known to infest the human body; of these, four belong to the Tæniadæ or Tapeworm family, viz., Tænia solium, T. mediocanulata, T. nana, and Bothriocephalus latus. The means of prevention are to avoid the introduction of the creature in its undeveloped, or cystic condition into the system. In this state it has received the name of Cysticercus Cellulosæ, and exists frequently in the muscular tissue of the pig, producing what is commonly known as "measly pork," and which, if eaten in an imperfectly cooked state, will infallibly give rise to tapeworm. The treatment recommended was half a drachm of æthereal oil of male fern, mixed with an ounce of honey, half to be taken at night fasting, the other half the next morning, followed in two hours by a brisk purgative.—*Med. Times and Gaz.*, Oct. 27, 1860.

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Peroxide of Hydrogen.—Dr. RICHARDSON brought before the Medical Society of London the subject of the physiological and remedial properties of the peroxide of hydrogen. This remarkable substance was discovered in 1818 by Thénard, and although it has always attracted great atten-

tion in the chemical world, has been introduced into nearly every discussion on "ozone," and was many years ago put forward by the Society of Sciences of Haarlem as the subject of a medical prize, it has been left to our countryman to lead the way to the study of the subject in its physiological and therapeutical aspects. Dr. Richardson has been employed in this research for twelve months, and his observations in relation to the nature of the body in question, its formation for therapeutical uses, and its effects on animals, are singularly interesting. For instance, he showed by experiment that the oxidizing power of the solution of peroxide is suspended by the presence of all narcotics; thus establishing the great law advanced by Snow, that narcotism is suspended oxidation, and that every substance, which on being introduced into animals produces narcotization, has the property, either by a negative influence, or by catalysis, of preventing the union of oxygen with other substances with which it is in contact, and for which it has an affinity. Again, it was shown that some animal structures, to say nothing of certain inorganic bodies, on being brought into contact with the peroxide in solution, liberate the oxygen. Fibrin has this property, and carbonic acid. A fish placed in the solution evolved the oxygen with considerable action. Physiologically, the peroxide, on addition to venous blood, gives to the blood the arterial character; it stimulates the left side of the heart to contraction, but seems to stop the action of the right side. Injected into the arteries, it restores, for a time, a condition of muscle during which contraction occurs on the application of an excitant. It also suspends cadaveric rigidity, and further, it prevents the spasms of muscle caused by such bodies as ammonia and hydrocyanic acid. Therapeutically, peroxide of hydrogen offers itself in all cases marked by deficient oxidation. In low fevers; as an antidote to various poisons; in tetanus; in diabetes, and in cancer. It is given compatibly with all the mineral acids; and the doses of a solution charged with ten volumes of the peroxide is from one increasing to four fluidrachms, in distilled water; externally, it forms a deodorizing lotion. Dr. Richardson took pains in his paper to explain the exact mode of making the solution; but we feel that the process as yet is too complicated for general introduction into the dispensary. To bring the substance into general use, some practical pharmaceutical chemist must take it in hand. We are informed, indeed, that Bullock and Reynolds are already preparing the peroxide solution, and as several practitioners are only waiting for the proposed remedy to test its effects, we may expect soon to see its virtues fully brought out in the treatment of disease. It is just to say that the introducer of the remedy specially guarded himself from offering any extreme views; he claimed simply that a substance possessing such singular properties, physiologically, should be used rationally as a medicine in extreme cases for which we now have, virtually, no means at command. This is a fair mode of putting the matter, and if the peroxide prove essential in the cure of but one disease, the physiologists may at last rebut the charge that their science does nothing for treatment, and that in the midst of their learning they are obliged to leave remedies to the empiric and the wheel of fortune. We shall watch the result with anxiety.—*Med. Times and Gaz.*, Oct. 20, 1860.

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Blindness and Lunacy.—An interesting paper was lately read at the Academy of Medicine of Paris, by Dr. Bouisson, on a curious case of blindness and lunacy in the same individual, in which the cure of the former infirmity had brought on the cure of the latter. A year ago a man aged about fifty, a native of the department of the Gard, was brought to the hospital. His eyes, upon examination, were found to be both affected with cataract, and his incoherent answers to the questions addressed to him sufficiently revealed his state of mind. An operation being resolved upon, Dr. Bouisson ordered the patient to be anæsthetized; to be secured with a strait-jacket—a precaution which was continued after the operation had been performed. On the tenth day the patient, who until then had not had the slightest idea of what had been done, was allowed to see the light. A stupid smile gleamed on his face for an instant, and he exclaimed, "I can see!" These were the first coherent words he had uttered since his arrival at the hospital. He was now daily subjected to those trials which were requisite to ascertain the complete success of the operation. With his recognition of the objects around him his mental faculties seemed also gradually to revive. First, he

named the things he wanted and stretched out his hands for them; then he began to appreciate distances and dimensions correctly; his memory returned next with considerable rapidity, and in the course of a few days intellectual spontaneousness began to manifest itself. He asked for more food, wanted to get up from his bed, and desired to be allowed to go home, which boon, however, was refused. His ideas soon became clearer, his speech more intelligible, and his recollections of the time when he could see, before he was attacked with cataract, became brighter. Vain endeavors, nevertheless, were made to ascertain the period when he lost his reason; all he could state was that he had been blind three years. After a stay of six weeks at the hospital he returned home an altered man, enjoying both his eyesight and intellectual faculties.—*Med. Times and Gaz.*, Oct. 27, 1860.

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Ophthalmological Aeronautism. — The latest specimen of this is the following:—

At a recent meeting of the Academy of Sciences, a communication was read by M. Tavignot with reference to the application of the galvanic cautery to the removal of cataract. The electrical part of the apparatus used for the purpose is a battery known here as the "pile grenet." It is provided with a pedal for breaking or making the current, and has the additional advantage of being portable. The handles of the conductors are made so as to admit of a cataract-needle being fitted on to each; a handle is held in either hand, and the cornea punctured in two opposite points of its circumference, the needles being carried on until they meet on the surface of the anterior capsule. By the action of the pedal, the contiguous extremities of the needles are brought to a white heat; the capsule is destroyed, and by a little manipulation, the needle-points being retained in contact, the whole of the opaque lens can be broken up and placed, *according to M. Tavignot*, in the most favourable condition possible for absorption. One would have imagined that the very process used for breaking up the lens—namely, that of charring or calcining part of its component elements—would have left in the eye a material less capable of absorption than the uncooked crystalline substance; but it is maintained that such is not the case.

Imperial Asylum at Vincennes for Convalescent Workman.—The *Moniteur Universal* of the 9th of July contains an interesting account of the convalescent hospital, established by the Emperor of the French, in the neighbourhood of Paris, from which we extract the following particulars:—

The Asylum of Vincennes was founded by a decree of the 8th March, 1855, for the temporary reception, during their convalescence, of workmen who had received injuries or contracted diseases. The building having been finished, and the internal arrangements completed, the inauguration of the Imperial Asylum took place on the 31st of August, 1857. It has now been in operation for nearly three years.

Nearly forty acres of forest, belonging to the domains of the Crown, were consecrated to the Asylum, which is built upon an elevated terrace, freely exposed to the air from all quarters. Since the opening of the institution, up to the end of June 1860 (comprehending a period of two years and ten months), the number of convalescents admitted has amounted to 14,000. These convalescents belong to the following categories: 1st. Convalescents sent from the hospitals of Paris and the suburbs; 2d. Convalescents sent by the local charitable institutions of the city (*Bureaux de Bienfaisance*); 3. Convalescents from injuries received in the public works; 4th. Members of societies of workmen established for their mutual assistance; 5th. Workmen belonging to establishments, the directors of which have obtained from the Minister of the Interior authorization to send, on payment of a subscription, their convalescents to the Asylum, such as the railroads, gasworks, and some large private establishments; 6th. Workmen who have been treated at their own homes, and who have received from their medical attendant a certificate of convalescence.

It is by the express orders of the Emperor that the Asylum is now open, without distinction, to every convalescent workman. There are at present 411 beds.

Two elegant vehicles are attached to the institution, and bear the imperial arms. One of these is of the same size as an ordinary omnibus, the other is somewhat smaller. Every day one or other of these vehicles, according to the number requiring removal, goes to the various hospitals to pick up the convalescents, and even goes to

the residences of those who have been treated at their own homes. The same vehicles convey the inmates back to Paris when they leave the Asylum. The first time that the large omnibus stopped in front of the Hôtel-Dieu a crowd of spectators speedily assembled; people asked one another what could be the meaning of this elegant vehicle with the imperial arms in such a locality; but when the spectators saw the poor convalescents, weakened by disease, come out of the hospital and get into the omnibus, and when it was known that they were about to be conveyed to the Imperial Asylum, they broke out into hearty applause. How, in fact, could they help being affected on seeing the paternal cares of the Emperor lavished indiscriminately on all the workmen, on all the laborious classes?

The mean term of residence in the Asylum is 22 days. Thanks to the hygienic resources of the institution, the period of convalescence from fevers is comparatively short. The principle of the Asylum is, that every convalescent shall remain in the Asylum until he is completely restored to health, or until his disease has been recognized as incurable.

Diet of the Institution. — The diet is regulated by the director, and by the superintending medical officer of the establishment Care has been taken to fix the hours of the different meals, in conformity with the usual habits of the working classes. At half-past seven in the morning the inmates get a bowl of soup. Breakfast is at half-past ten, and consists of stewed meat and vegetables. Five o'clock is the dinner hour: this meal consists of soup, roast meat, and vegetables. Each convalescent receives daily about a pint of wine, and as much bread of the first quality as he desires. On the average, each inmate consumes daily about a pound and a half of bread. If necessary, a special dietary is prescribed in particular cases. The sum allotted for the food of each inmate is tenpence-halfpenny a day, not comprehending the general expenses of the establishment.

If the convalescents desire it, and if their strength permits, they are employed in various capacities about the establishment, under the direction of the gardener, the smith, the carpenter, etc. In this case, they receive a small sum of money and half a pint of wine in addition to the regular allowance. Those of the inmates who do not work have various amusements provided for them, such as bowls, skittles, dominoes, etc.; cards are prohibited.

The library is open daily, and contains 4000 volumes, and illustrated newspapers. Most of the volumes have been presented by the booksellers of Paris. In general, about 50 readers may be found in the library at a time; on one occasion 96 were counted.

The conduct of all in the Asylum is exemplary. They submit without a word to the rules of the institution, are courteous to one another, take care of the furniture of the establishment and of the flowers in the garden, and keep their dormitories in a state of perfect cleanliness. Although not required, the majority of the inmates attend chapel on Sunday.

The staff of the establishment consists of a director, a treasurer, a medical superintendent, with three resident pupils; six Sisters of the Order of the Ladies of St. Augustine of Belgium; a secretary and five clerks; a storekeeper; four overseers; and at least forty persons in subordinate positions, such as cooks, grooms, gardeners, etc.

An infirmary is connected with the Asylum. During the year 1858, 1859, nearly 1100 patients, presenting various affections more or less severe, have been under treatment; during this time only 30 deaths occurred.

The anticipated expenses for the present year are between fourteen and fifteen thousand pounds.—*Ed. Med. Journ.*, Sept. 1860.

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A Colony consumed by Fever — The news has recently reached England of the outbreak of a fierce epidemic of yellow fever on the African coast. Suddenly exploding with terrible intensity amongst a small community of Europeans, it has swept the settlement in which it appeared with the besom of desolation, destroying the whole colony. Of all the Europeans, not one had escaped the disease: only one had escaped death. The surgeons, who remained at their post, were all devoted to death. The *Army and Navy Gazette* furnishes the painful details of the ravages which this disease has thus committed at M'Carthy Island, River Gambia. Amongst the deaths which have to be deplored are those of Staff Assistant Surgeon Thomas Clayton Beale, who was attacked on the

19th of July, and died on the 21st; Staff Assistant Surgeon Trestrail, who was taken ill on the 2d of August, and expired on the 7th; Staff Assistant Surgeon Charles D. Campbell, who was seized on the 17th of August, and who sank under the effects of the scourge on the 25th. The only European remaining alive on the island up to the last accounts, which came down to the 19th September, was Captain Frazer, who had also suffered from a severe attack, but was convalescent. The remittent fever, which is usually so prevalent in the island, had been observable; but no cause can be assigned for the outbreak of the pestilence which had assumed so malignant a form.—*Lancet*, November 3, 1860.

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Poverty in Relation to Disease.—Prof. Easton read before the National Association for the Promotion of Social Science, at its recent meeting in Glasgow, a paper on this subject. He commenced by submitting as a postulate, that whatever depresses the vital force is either itself a direct cause of disease, or makes us more susceptible of disease and less able to withstand its attacks Diseases of a special nature may arise amongst those not actually poor, but long deprived of any one essential element of food. In 1847 and 1858 many cases of scurvy were admitted into hospital amongst navvies stationed in unfrequented localities, and supplied on the ticket system with a diet (bread, ham, and coffee) which did not include "a shilling's worth of vegetables in a year." This was a matter calling for direct interference, as it admitted of direct remedy. Poverty was associated with uncleanliness, and this was an unquestionable source of disease. Then with regard to want of light, of space, and of fresh air; in the poorer districts of Glasgow the average space per individual was 90.5 cubic feet; in the British Army at home it is 1000 cubic feet, and for prisoners 800 cubic feet. Hence the pestilence which constantly broods over the wynds of Glasgow. Active local feeling has been stirred; and it may be hoped that vigorous legislation and careful humanity will introduce a better era.—*Lancet*, Oct. 13, 1860.

NOTICE TO SUBSCRIBERS.

The Library Department of the "Medical News" for 1861 will be occupied by the continuation of Professor Simpson's valuable "Clinical Lectures on the Diseases of Women," which have given so much satisfaction to subscribers during 1860.

Subscribers to the "American Journal of the Medical Sciences" are reminded that advance payment is requisite to secure their receiving the "News and Library" without charge. A remittance of Five Dollars during the present month will, therefore, entitle them to both periodicals for 1861, *free of postage.*

With a view of extending the circulation of the "Medical Journal," the publishers offer to subscribers an additional premium of "Owen on the Skeleton and Teeth," a handsome 12mo. volume, with illustrations, to be mailed, postage paid, to those who will induce a friend to subscribe, and remit Ten Dollars, as two subscriptions in advance. Those who will obtain two additional subscribers, and remit Fifteen Dollars, as three subscriptions, in advance, will receive, free, by mail, as a premium, "Meigs on Childbed Fevers," a handsome octavo volume, of which the price is $2.50.

Funds current at subscribers' places of residence received in payment of subscriptions.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Excision of the Elbow-Joint.—On Wednesday, October 17, Mr. ERICHSEN resected the elbow joint of a boy, aged 11, at University College Hospital. The lad had suffered from the disease for five years and was failing in health. There were no sinuses; but the joint was generally swollen, and there was no fluctuation to the radial side. Mr. Erichsen, in his remarks in the theatre previous to the operation, stated that he did not expect to find the disease involving the whole of the joint. He should, however, remove the ends of all the bones entering into its formation, as it was found that otherwise it was difficult to get proper union, and even if union were obtained, it was usually by bony anchylosis instead of by fibrous tissue. The operation was performed by the single longitudinal incision, as practised by Professor Langenbeck. It was to be preferred, Mr. Erichsen remarked, to the T or H incision, as the wound made was not so extensive, and it did not result in a cicatrix across the joint. The removed joint was found much disorganized. The cartilage on the inner surface of the olecranon was destroyed and replaced by a red fibro-plastic material. The surface of the greater sigmoid notch was almost destitute of cartilage.

In some subsequent clinical remarks Mr. Erichsen remarked that in extensive disease of the elbow there were three courses open to the surgeon. He might attempt to cure the disease by rest and attention to the general health, and thus get anchylosis. Amputation might also be resorted to, but this was now quite discarded in cases both of injury and disease, and the third course,

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excision, was the operative procedure generally resorted to. This latter operation was one which seldom ended fatally, except by death from pyæmia, and such other causes as are common to all operations, and did not apply to this more than to any other. Mr. Erichsen stated that he had known death follow in one or two instances in which the operation was performed when the disease was in an acute stage. The ultimate result obtained was generally very satisfactory, all the motions of the joint being preserved—pronation, supination, flexion, and extension. In reference to operation in a case in which, as in the present, there were no sinuses leading to the diseased joint, he stated that as a rule it was better not to operate. In this case the swelling was limited, had existed for a long time, and was always tender; and again the laxity of the joint pointed to implication of the ligaments, and rendered the diagnosis of extensive disease more certain. In reference to the after-treatment, he thought it better not to put the limb on a splint with the joint flexed, but at first nearly straight, and after two or three days to place it at a right angle, betwixt pronation and supination.—*Med. Times and Gaz.*, Nov. 3, 1860.

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Reduction of a Dislocation at the Hip by Manipulation, after pulleys had failed.—The practice of reducing dislocations of the femur at the hip by manipulation, instead of pulleys, is now generally adopted in our hospitals. Not a few cases in which this method has been found most easy and effectual, have occurred at the London Hospital during the last year or two. In one, the man had sustained a fracture of his leg on the same side, as well as the dislocation at the hip, and it was therefore especially desirable to avoid having recourse to violent traction. The leg having been first put up in splints, the thigh was bent and tilted outwards in the usual manner, and reduction was at once effected. A case occurred the other day at Guy's Hospital, which demonstrated the superiority of this method, inasmuch as pulleys had previously been tried without success. It also showed that the knowledge that this is the easiest method, is not as yet so widely diffused in the profession as it is desirable that it should be. The subject of the dislocation was a man, aged 38. He had fallen in wrestling, and his left femur had been displaced upon the dorsum ilii. Extension by means of pulleys had been tried without success before his admission into the hospital. Mr. Bryant, under whose care the man came, had him placed under the influence of chloroform, and at once succeeded by the manipulation method in reducing the dislocation. Very little force was found requisite.—*Med. Times and Gaz.*, Nov. 10, 1860.

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Chronic Mammary Abscess; Successful Treatment by Strapping, &c.—Chronic mammary abscess, or, as it is sometimes called, encysted abscess of the breast, is a disease of considerable interest, inasmuch as it is in itself a tedious and often painful affection, and, closely simulating other more serious diseases of the same part, has many times been mistaken for tumour of the breast. A good illustrative case is now under the care of Mr. Coulson, in St. Mary's Hospital:—

S. T——, aged twenty, single, a female servant, the history of whose affection dates back two years and a half. As is usually the case with chronic abscess at this site, its origin was unconnected with any acute lacteal inflammation, but arose without any distinct cause; it was attributed by the patient to cold. The first attack was aborted by prompt treatment. The nipple has remained retracted, and the breast subject to occasional attacks of painful swelling. A month ago, it had been unusually inflamed and painful, and presented typical features of the disorder.

The classical authority in surgery says that "the cure of these encysted abscesses of the breast may be most conveniently effected by making a puncture into them, and then passing a seton across them in a perpendicular direction; the inflammation thus excited in the tumour will speedily lead to its being softened down, and eventually disappearing." The treatment which Mr. Coulson adopted in this case, and which he commonly employs with success, was of a milder character. Scott's ointment was applied to the breast on lint; strips of plaster, of an inch and a half in breadth, were then placed tightly around this dressing, and the whole carefully bandaged. Four days subsequently, Mr. Coulson caused the dressing to be removed and renewed. The improvement in the case was very marked, and the disease is fast progressing to a cure.—*Lancet*, Nov. 24, 1860.

Spontaneous Pelvic Abscess.—It is seldom indeed that an abscess presents itself in either the pelvis or the abdomen without some assignable cause. When occurring in the former, it is usually from the effects of parturition; and sometimes an abscess may arise in some part of the abdomen or pelvis as the result of vertebral disease. At the present time there is a female, aged fifty-five years, in Mary ward at St. Bartholomew's Hospital, who was admitted on the 21st of September, under Dr. FARRE's care, with pain in the right flank, which had been present for about ten months, and for which she could assign no cause. Her last child was born eighteen years ago, and she had a miscarriage ten years since; the catamenia have ceased for some years. She resides in the City-road, and has been in the habit of lifting a heavy pail, and now and then has felt a "rick in her side." There was no appreciable swelling on admission, but there was pain, with rigors and quick pulse. The bowels were always regular. Fluctuation was perceptible, and in a few days an abscess pointed in three places; it was opened above Poupart's ligament, and three cupfuls of matter were let out. This was followed by considerable relief, and when we last saw her she was improving under the use of good diet, wine, and quinine, and her pulse was 120. It seems most probable that the suppuration commenced in the pelvis, whatever the true cause of it may have been, but there is no evidence to prove that it arose from injury; nor from the cæcum, because there was no induration around that part of the alimentary canal, and the bowels have always been regular.—*Lancet*, Nov. 24, 1860.

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Removal of a Fibro-Plastic Tumour from the Parotid Region.—An interesting case of tumour in the region of the parotid gland was submitted to the operation of removal at St. George's Hospital, on the 8th inst., by Mr. PRESCOTT HEWITT. The history is that of non-malignancy. The patient is a healthy-looking woman, twenty-four years of age, a lady's maid, who has had a tumour in the left side of the neck, extending under and behind the angle and ramus of the jaw in the parotid space, for a period of twenty years. She never suffered any inconvenience from it, but it caused some deformity. About six months back she consulted a surgeon about it, who prescribed a mixture of bark and iodide of potassium, which she took whilst travelling in Scotland with her mistress. At the same time she thought she might loosen the growth to expedite absorption, and every day worked away at it. This manipulation had the effect of increasing the vitality of the tumour, and in a very short time it was fully one-third larger than it had been for so many years. On her return to town she became a patient in St. George's Hospital, and the morbid growth was removed under chloroform. For the purpose of avoiding vessels and nerves, Mr. Hewett made a vertical incision rather at the back of the tumour, and then another posteriorly at right angles, giving the whole a T shape; this enabled him to get behind it, and after a little cautious dissection the mass readily turned out, and resembled a potato in its form and smoothness. A branch of the facial nerve, which covered the tumour, was carefully detached and held on one side by Mr. Pollock with a hook; no nerve therefore was wounded, nor even any small vessels—a circumstance somewhat unusual in operations in this situation. On section, the nature of the tumour was found to be fibro-plastic, with a few cartilaginous masses imbedded in it, thus forming a conglomeration of the enchondromatous and fibro-plastic. The parotid gland in the present instance was normal; a part of it overlapped the tumour, and was dissected away from it. We are glad to say that the patient is doing well, and will probably make a good recovery.—*Lancet*, Nov. 24, 1860.

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Tumour of the Palm of the Hand simulating a Ganglion.—The situation of ganglia is usually on the back of the wrist or on the dorsum of the foot; that is to say, the simple ganglia which lie upon the sheaths of tendons. The compound ganglia, however, are chiefly met with in the palm of the hand, and the dorsum, sole, or inner side of the foot. They constitute a dilatation of the sheath of the tendons, and vary in size and shape according to the number of tendons implicated. Of the various parts of the palm of the hand in which they do occur, they are very rarely found situated upon the base of the middle finger; we, however, lately observed a tumour in that situation which strongly simulated a ganglion. A young man, a clerk by occupation, presented himself before Mr. Erichsen, at University College Hospital, with a globu-

lar, semi-elastic tumour of his left hand, at the base of the middle finger, which had the ordinary characters of a ganglion—so much so, indeed, that it was believed to be one. It was punctured, and nothing but blood came away. Some months later he again applied at the hospital, and stated that it proved such a source of discomfort to him that he would undergo any measure to get rid of it. Chloroform was therefore given on the 3d of October, and an incision having been made across the tumour longitudinally, it was carefully dissected out. It lay upon but did not involve the flexor tendon of the middle finger, and on making a section of it, it proved to be a cyst, with a part of its wall much thickened, and containing sanguineo-serous fluid. Mr. Erichsen pronounced it not to be a ganglion, but strongly resembling one. The size of the tumour was that of a small chestnut. The man haa been doing well since the operation. The case is of interest as proving the difficulty experienced sometimes in making out the true nature of these tumours when growing in the localities usually occupied by ganglia.—*Lancet*, Nov. 3, 1860.

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Evil Effects resulting from the Use of the Ecroseur for the Removal of Hæmorrhoids. —M. Nelaton drew attention, some time since, to the occasional occurrence of traumatic stricture of the rectum as a consequence of the use of the écraseur. In a clinical lecture last spring he noticed this drawback to the use of M. Chassaignac's favourite instrument, and said that many of the patients who had been operated on had had reason to regret the exchange of a bearable complaint for a veritable torment. M. Chassaignac, who is not the man to abandon a cause he has once declared a good one, at once set about a modification of his original plan, and now, instead of including the whole mass of the hæmorrhoidal tumour within the loop of his instrument, and removing it as if it were a polypoid growth, he contents himself with the excision of the crown of the tumour, trusting to the subsequent inflammation and cicatricial contraction to effect the rest of the process of obliteration requisite for the accomplishment of the cure. This new method, however, does not give the patient the benefit of one of the great advantages attached to the use of the écraseur under ordinary circumstances—namely, the perfect immunity from hemorrhage, as proved by the occurrence at the Hôpital Laribossière of a death from the above cause after an operation for the extirpation of piles, although, as very justly observes one of the leading journals here, the *Journal of Practical Medicine and Surgery*, it has yet to be proved whether in the statistical reports of such operations, either by écraseur or other method, fatal terminations be not occasionally observed also. M. Chassaignac's error has hitherto undoubtedly consisted in too generous an excision of healthy tissue—a proceeding which has been followed by the formation of a large and progressively contracting cicatrix. The alarm has now been pretty widely given in France at least, and operators will for the future be more economical in their dealings with the mucous membrane of the rectum. If M. Chassaignac possess any imitators in England, it will be well for them to take a timely warning.—*Lancet*, Nov. 10, 1860.

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LECTURE.

Clinical Lecture on a Case of Phthisis Pulmonalis, in which Amputation of the Foot had been performed. Delivered at Grosvenor-place School of Medicine, Nov. 3, 1860. By Dr. Richardson.—In bringing this case before the class, Dr. Richardson remarked: You are aware, gentlemen, that during this year we intend to meet every Saturday morning, to conduct a demonstration of disease, either from the living subject, or from some post-mortem specimen derived from a case with the history of which we are familiar. I shall sometimes perform this duty, while at other times it will, I hope, be undertaken by one or other of my colleagues. I shall never come before you with the mere notes of a case ready prepared, simply to read them out; but I shall on every occasion, when we have a patient, take from the patient, as far as he can give it, the history of his case at the time he is before you. You shall hear his own account, and, as we follow out the diagnosis, you shall take down in a note-book, specially retained for this purpose, deliberately and carefully, every fact exactly as I record it in my own journal. Now, the patient before us on the present occasion is a young man, twenty-one years old. He tells us that he is a lever-escapement maker, and has been much confined at his business in-doors—a very important point always to elicit, this one of occupation.

He has been ill four years; and we learn from him that his father died from an accident, that his mother is living and well, and that there is no special hereditary taint in his family. His habits have been temperate; his face, you will observe, is expressive of debility, and his body is deficient in flesh.

On the 21st of November, 1856, having been previously in good health, he was seized with giddiness, while sitting at his work, and fell off his stool insensible. He remained ill with brain symptoms for fourteen days, but eventually recovered. He took cold a fortnight afterwards, and then commenced to suffer from cough. From this time for twelve months he suffered from hacking-cough, which did not keep him from work, but was attended with night perspirations and loss of flesh.

On the 24th of July, 1857, he got a sprain in the left ankle, and the joint afterwards took to swelling, very slowly, with great pain and hardness. This rendered him more restless and anxious even than the cough.

On October 16, 1857, he was admitted into St. Bartholomew's Hospital, under Mr. Lawrence; he remained there nine months, during six of which he was in bed. Within one week after his entrance into the hospital hæmoptysis came on and continued at intervals for a month, after which it subsided.

The foot was first treated by leeching, afterwards by poultices, which were continued for six weeks, and then a point having appeared anteriorly, an incision was made, but nothing followed.

Internally he had a mixture for his cough, and cod-liver oil, with good diet.

On three different occasions amputation of the foot was contemplated, but each time the operation was deferred owing to existing disease in the lungs.

He was discharged at the end of nine months uncured.

The patient then passed under the treatment of a homœopathic practitioner, who put the foot in a heavy iron-splint (which weighed six pounds) with an adjusting screw; by means of the screw attempts were made every fourteen days at extension.

The joint, during this time, was more enlarged than ever, and presented four open wounds. The main treatment consisted in endeavouring to put the foot straight, the toes being directed somewhat downwards. A liniment was also used for the foot.

He was subjected to these measures for twelve months, during which time he grew worse, the cough increased, there was more expectoration, the night-sweats were much aggravated, and for many nights he lay entirely sleepless from pain in the joint.

On November 25, 1859, he was admitted to the Royal Infirmary for Diseases of the Chest, under my care; the cough was then very severe; there were evidences of tubercle in both lungs, and the tubercular crepitation in the apex of the left lung was large and moist. The left ankle was entirely disorganized; on the anterior surface were four deep and wide sinuses, which communicated with the articulation.

The heavy boot was withdrawn; as much exercise out of doors as possible was ordered; cod-liver oil and one grain of quinine were given three times a day; and five grains of gallic acid with one-third of a grain of morphia every night—with full diet.

He continued under this treatment until February 1, 1860, the lung disease not becoming materially worse, but the anxiety from the pain in the foot, together with the discharge, were increased.

On the 2d of February, 1860, Mr. Wm. Adams saw the case in consultation, and on the 16th he removed the diseased foot by Pirogoff's operation at the Great Northern Hospital. The operation was performed under chloroform.

At the end of the first fortnight the wound was nearly closed, but there was a little discharge at the side for six months.

Immediately on the removal of the foot the chest symptoms, and all the signs of debility, began to improve, and on June 18th an examination of the chest showed dulness on percussion on the left side in the apex of the left lung; but an entire absence of crepitation from both lungs, and of all the acute signs of phthisis. At this date the patient had resumed his old employment and continued at it until the latter end of September. He could walk on the stump and do a good day's work.

At the latter end of September he again began to cough, and on the 18th of October he spat a little blood.

November 3.—At the present time the condition of the patient is as follows: The stump is entirely healed, and presents a perfect cushion, he can bear his own weight upon it without any difficulty or pain; he sleeps well, but perspires at night; there is some emaciation; the conformation of the

chest is good, but there is deficiency of respiration on the left side; there is marked dulness on percussion on the left side in the subclavicular region, and also over the lower part of right lung anteriorly; there is further dulness, not so marked, on both sides of the chest posteriorly; on auscultation, there is increased vocal resonance on the left side in the subclavicular region, with deficient respiratory murmur, while lower down, towards the nipple, there is small dry crepitation. There is the same kind of crepitation in the lower anterior portion of the right lung.

The patient is again taking cod-liver oil, quinine, and the opiate gallic acid pill. Such are the facts—you will now each one examine the patient for yourselves, as you have seen me examine him.

Observations.—After the examination of the patient by the class, Dr. Richardson continued—Now the great practical interest of the case turns on the question of the influence of the operation that has been performed on the progress of the symptoms. It is quite clear that in this instance the removal of the diseased foot has not only arrested the course of the phthisical affection, but has produced virtually a cure. Was it, then, right in every case so complicated, to remove the offending part? The common view is against operation in such cases; the theory being that the discharge from a diseased structure, such as this man presented in his foot, acts as a derivative, and prevents the progress of the more fatal disease in the lungs. So distinguished a surgeon and authority as Mr. Lawrence, than whom there is no one more practically learned, hesitated, and at length refused to operate in the case in hand. Nevertheless, after two years' further suffering and exhaustion, the operation has been performed successfully, and this is the third example which I have seen of a similar kind.

I am bound to say, therefore, with great deference, that experience is not altogether against an operation in such examples; for, in the case under discussion, the man would have been dead long since but for the operation. There are two classes of cases in which tubercle may be connected with disease of the joints; in the one class the patient presents evidence of hereditary scrofulous and phthisical taint, and the local manifestations of disease are conjoint indications of constitutional disorder. Whether in this class an operation is really advisable it is difficult to say. But there is a second class, of which the patient whose history has been adduced is a type, in which the development of phthisis occurs purely from confinement in an impure air, and where the disease of a joint is the result of an injury. Here there is no common or constitutional cause for the two disorders; and here, whenever such diagnosis can be determined, the removal of the diseased limb should obviously be the first point of practice, and specially so if it is clear that the limb itself cannot be saved, and if its presence is the cause of constantly exhausting discharge and pain.

There is another point of practice to be observed. In many cases of death from chloroform the patients have been found after death presenting tubercle of the lungs. This, consequently, caused an anxiety to the operators in the case narrated, but the chloroform was administered without the occurrence of irregularity of the pulse, or other bad sign, and the recovery was rapid after the narcotic was withdrawn.

Finally, as regards the present recurrence of tuberculosis in the subject of this lecture, it is to be traced to the same cause as in the preceding attack, namely, to long-continued exposure to an impure air in an occupation for which no active muscular exercise is demanded. If this patient can get the means to live in the fresh air, he will recover; and, indeed, during a short respite from his business, he has already begun to show decisive signs of convalescence.—*Med. Times and Gaz.*, Nov. 24, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Silver Sutures in Surgery.—Dr. T. C. Moffatt, Physician in chief of the Seaman's Retreat, gives (*American Med. Times*, Dec. 15, 1860,) a very favourable report of the use of silver sutures. He states that "in the use of the suture, for the introduction of which we are indebted to our talented and accomplished friend, Dr. Sims, I have had considerable experience. For three years past I have used nothing else in operations of every kind where sutures have been required. In all amputations, from that of the thigh to the fingers, I have almost

invariably employed the silver suture alone. Its advantages are manifold and palpable; indeed, I can heartily subscribe to all that an enthusiastic friend has said of them, so far as my experience will warrant me in saying anything at all. My custom is, in large amputations, to put in so many of them as perfectly to coaptate the flaps, and to leave them in as long as they subserve any useful purpose. They may be allowed to remain for an indefinite period without the risk of exciting undue inflammation or even irritation. I have often left them in until after the stump had healed entirely, without occasioning inconvenience of any kind. They always hold the parts in more perfect apposition than silk can do, for the reason that they do not appear to cause any suppuration at all.

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Chlorodyne. By Dr. EDWARD SQUIBB, of Brooklyn.—This most extraordinary humbug does not deserve a moment's serious consideration; and were it not for the circumstance that physicians occasionally resort to it by name, or by its being misrepresented, and without a due knowledge of its heterogeneous composition and quackish character, it could be little else than waste of time and space to allude to it. It claims English origin, or rather to have been *invented* in the English East India service; and in order to secure for it the magical power of mystery and large names, its composition was concealed, or indefinitely stated as a combination of perchloric acid and a new alkaloid. Then it was stated to have been *analyzed* by a Dr. Ogden; and the latter is represented as having given the formula by which it is prepared. As it never could have been either invented or analyzed, it is not improbable that its whole story and career are fictitious. It mainly consists of chloroform and muriate of morphia, but contains besides, perchloric acid, oil of peppermint, hydrocyanic acid, tincture of capsicum, molasses, and tincture of cannabis. Such a villanous mixture could never by any possibility have been *invented*, though it may have resulted from some uncommon degree of empirical ignorance and stupidity; and such a mixture, once made, would have defied the skill and knowledge of any analyst whatever, chemical or logical. And yet an analysis is said to have been made, and the proportions are given in drachms, drops, and grains. Then of its properties. It is said to be twice as heavy as water, which, from its composition, is impossible. It is said to be sedative, diaphoretic, astringent, antispasmodic, diuretic, etc., and to improve the pulse in all imaginable respects, including that of *increasing* it by *decreasing* the frequency of the beats; and finally, the sum of its impossibilities accomplished, has the accustomed climax of such cases, namely, that it cures consumption in about the usual proportion of cases, namely, eight out of twelve, and all of the usual undoubted diagnosis and gravity. That any mixture not absolutely antagonistic in its elements, containing two-thirds of its weight of chloroform, and eight grains of muriate of morphia, in nine drachms, beside hydrocyanic acid and Indian hemp, should be sedative in effect, is not surprising; and the molasses, capsicum, and peppermint are so many additional shot to be fired into the bushes; but the perchloric acid is a novelty. Hitherto regarded chiefly as a chemical curiosity, it now makes its appearance in the materia medica under circumstances most unfavourable for obtaining any definite character or classification. In the small quantity in which it enters the company of these powerful narcotics, its chance of effecting anything more than the peppermint and molasses is remarkably small. The whole thing is, in effect, an absurd sarcasm upon the appetite for novelty and complexity, which appetite, in a portion of the medical profession, is industriously catered to by the crowd of nostrum—or rather money—makers, who are so easily found in the ranks of all sciences and professions.—*American Medical Times*, Dec. 8, 1860.

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St. Joseph's Hospital.—The new building of this highly useful charity will probably be completed and open for patients during the present month, and in view of this event the medical staff of the institution has been enlarged. It now consists of Drs. A. Stillé, Wm. V. Keating, Wm. Keller, and S. W. Mitchell, as physicians; Drs. W. B. Page, J. B. McClellan, J. Brinton, and S. D. Gross, as surgeons; Drs. J. D. Bryant and A. C. Bournonville, obstetricians.

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Asylum for Idiots.—In our foreign department will be found a very interesting account of the celebrated institution for the instruction of idiots at Abendberg; and we will take this occasion to call attention to an

ably conducted institution for the same purpose at Media, about twenty miles from Philadelphia, under the supervision of a very zealous and conscientious physician, Dr. Parrish.

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Letheon Patent.—We see it stated in the journals that that modest individual, Dr. Morton, of Boston, applied recently to the Commissioner of Patents for the extension of the patent granted to him, conjointly with Dr. C. Jackson, for the use of sulphuric ether for the production of anæsthesia. Dr. Jackson having protested against this extension, the application has been refused; the Commissioner deciding that where a patent has been originally granted to two joint discoverers, they must unite in an application for its extension.

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Profits of Quack Advertisements in Newspapers.—The New York Tribune states that it is to receive over $31,000 for one year's insertion of a quack advertisement in its daily, semi-weekly, and weekly issues. It states that this will prove a profitable investment to the advertiser, in which case this enormous sum of money will, of course, be drawn from the readers of that paper, and be paid back to the quack for his worthless preparation. The universal panacea now put forward is called the "Cephalic Pills." We hope the profession will, as far as possible, prevent this "Enterprising Business Man," as he is styled, from realizing the contemplated profits from his investment.—*American Medical Times*, Dec. 16, 1869.

FOREIGN INTELLIGENCE.

Woorara in Epilepsy.—M. Thiercelin, struck by the counteraction of artificially produced convulsions by woorara, has been led to administer the drug in the treatment of several convulsive diseases, more especially epilepsy, and with most marked effect. Particulars of two cases of epilepsy, which had resisted a variety of previous treatment, were laid before the members of the Academy of Sciences at their last sitting. One of the subjects treated by woorara was a young man, aged twenty-three. In him the disease was hereditary and congenital. The patient had passed four years at Charenton, and was accounted incurable. The number of attacks during the month amounted to twenty, whereof the greater part was most severe. The second case was that of a girl of seventeen, a sufferer from epilepsy for eight years past, and during the last twelvemonth subject to daily fits. Under the influence of the woorara treatment (the drug being applied daily in doses varying from half a grain to a grain to the suppurating surface of a blister), the attacks diminished in frequency, so considerably that in the first case they fell in number from twenty to five per month, and in the second from twenty-nine or thirty to eight. Not only did the frequency of the fits decrease, but a striking general improvement occurred in the health of both patients, and a marked diminution of the nervous irritability always accompanying epilepsy was also noticed. Unfortunately, the treatment could only be persisted in for eight weeks, as the stock of woorara ran short; nevertheless, the results obtained were decidedly of a nature to encourage other practitioners in following in the footsteps of M. Thiercelin.—*Lancet*, Dec. 1, 1860.

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Effects of Alcohol, Carbonic Acid, and the Various Anæsthetics on the Nervous System of Animals.—M. Lallemand communicated, recently, to the Academy of Sciences a series of experiments undertaken by MM. Perrin and Duroy to elucidate this question. Three ounces of alcohol mixed with an equal quantity of water were given in three equal doses, at a quarter of an hour's interval, to a large-sized dog. After the lapse of an hour the animal was in a complete state of intoxication, the muscular system being relaxed, the skin and conjunctivæ perfectly insensible to the touch, the pulse 120, and the respiration 22 per minute. The posterior arches of the last three dorsal vertebræ were now removed, and the spinal marrow laid bare for about two inches of its length. It was then found that the anterior and posterior columns of the cord, and the anterior and posterior roots of the spinal cord, could be pricked, seized with forceps, and pinched or pulled, without eliciting any symptom of sensibility or muscular convulsion. The paralysis of the spinal nervous system was found to be complete. The animal was then let alone for four hours, and at the expiration of that period, the alcoholic lethargy having considerably subsided,

the same excitatory manipulations were resumed, and the cord was found to have regained its normal susceptibility, as proved by the appearance of the physiological manipulations usually attendant upon the employment of local stimulation. In order to ascertain the physiological effects of carbonic acid, the following experiment was performed: The same process of vivisection having been accomplished—namely, the removal of the arches of the last three dorsal vertebræ—the animal was made to inhale a mixture of carbonic acid gas and watery vapour, and at the end of ten minutes became quite motionless and senseless, the arterial blood having assumed a dark venous hue. It was then found that the posterior columns of the cord and the posterior roots of the spinal nerves could be pricked, pulled, or pinched, without the production of any sign of sensibility on the part of the animal; but that if, on the other hand, an anterior root were pricked, or the anterior column of the cord stimulated, convulsive movements were produced in the dog's hind quarters. Moreover, that if the sciatic nerve were bared by incision and irritated, the muscles to which it is distributed were immediately thrown into a state of spasmodic contraction. In other experiments oxide of carbon was substituted for carbonic acid with the same results. The deductions drawn by these physiologists from their recent course of investigation tend to establish the fact that alcohol, chloroform, and their "kindred spirits," act primarily on the nervous centres by *their actual presence within the nerve-substance;* whereas the carbonic gases act primarily on the blood only, by the conversion of the arterial into venous blood; the difference of their modes of action being that in the first case the anæsthesia is direct and primitive, and due to the immediate action of the toxical agent on the nerve-matter; in the second, it is indirect and consecutive, depending on the action of the modified blood upon the nervous centres.—*Lancet*, Nov. 10, 1860.

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A Visit to Graefrath. By Edwin Lee, M.D.

[We copy the following account of a German charlatan who has achieved considerable notoriety as an *oculist*, and who seems to be the Priessnitz of that department of surgery. He appears to possess the usual amount of shrewdness of persons of his craft, since he attracts to his village many English patients who leave the ablest practitioners at home to be smeared by his ointments and nostrums; and he cunningly holds his court in an out-of-the-way place, where his doings cannot be watched by those competent to detect his short-comings and expose his fallacies.]

Graefrath is a village of Rhenish Prussia, near Dusseldorf, which has acquired considerable celebrity from being the residence of the distinguished oculist, the Hofrath, Dr. De Leuw, to whom many patients resort from foreign countries, the number of English greatly preponderating over others—several of them remaining under treatment for a considerable time in the summer months, at which season the place is overflowing, though the accommodation is but indifferent, consisting of two or three inns of a primitive character, with plain *table d'hôte* dinner at one o'clock, and inferior lodgings. There is no resource for the recreation of patients or of friends who may accompany them, but the environs are pleasing, and the air is of a bracing quality. The Hofrath is a spare, delicate-looking man, of about 65, of quiet, unassuming manners, intellectual countenance, and penetrating eye, not requiring the use of glasses. He does not see any patients either at his own residence or at their lodgings, the only one he has sometimes gone to visit being the King of Hanover. He has a consulting-room at the principal inn, where he remains from eight o'clock till two or three, and sometimes later, during the greater part of which time the entrance-passage—there being no waiting-room—is thronged with patients of all classes, though two days in the week are more especially allotted to the poorer class. Many patients have thus to wait for hours; it is but seldom that a fresh comer can have an interview before a day or two. Notwithstanding this concourse, the doctor not unfrequently gossips with patients for some time about matters in which they may be interested, which, it is said, he finds necessary, as a relaxation from the continuous employment of seeing and determining upon eye cases. As may be expected, not a few of these cases are irremediable, the patients having been induced to repair to Graefrath as a *dernier ressort*. On announcing my name and sending in a letter from a patient at a distance, I was, after a short time, cordially received, and allowed to be present during

the inspection of patients, several of whose cases were of considerable interest. The Hofrath's diagnosis in obscure or difficult cases is clear and decided. His treatment —eschewing in great measure depletive means, leeches, purgatives, blistering, etc. —mainly consists of the application of unguents or lotions, of a more or less stimulating or sedative character, to the forehead and the eyes—nitrate of silver and iodine preparations being not unfrequently employed. Mercury and other internal remedies, with a view to produce an alterative effect upon the organs, are not often administered, though internal medicines are sometimes prescribed to remedy coexisting derangement of the health. The fee for the poorer patients is very low—about a shilling; that for strangers, except for a single consultation, is about a Prussian dollar a visit, or they give what they please at the termination of the treatment.

The Hofrath originally acquired reputation as an oculist by publishing, when an army surgeon, a work upon contagious ophthalmia, which was at the time highly thought of. He has practised in his native village for upwards of thirty years, having repeatedly refused invitations to reside in capital cities. He informed me that he had prepared for publication a work on entropion and trichiasis, for which he has operated successfully many thousand times. His method, however, as far as I could understand, does not materially differ from that usually pursued, of removing the irritating eyelashes, and excising a smaller or larger portion of the skin of the inverted lid and uniting with fine sutures. He strongly disapproves of the operation of excising the margin of the lid, as practised by a distinguished oculist of Berlin. In advanced cases of cataract he operates with the needle, puncturing the cornea (keratonyxis), as was the practice of the late Mon. Walther, of Munich—only one eye being operated upon when both are affected, if the result be successful. He entertains, however, the firm conviction that cataract may frequently be dispersed in the early stage by external remedial means, and internal when necessary. One English patient, who was considered to be thus cured at Graefrath, had for years been almost blind, deriving no advantage from the oculists whom he had consulted. He now sees well; but, whatever he may have had, I much doubt from his account the existence of cataract: neither could I see any sign of this disease in a lady said to be labouring under its incipient form, whose sight, having been a good deal used in reading, etc., had failed, but was much improved under the treatment. Another English lady, however, in whom the cataract was apparent in both eyes, stated that she could see much better since she came to Graefrath. The Hofrath mentioned to me a distinguished oculist in Vienna, who formerly disbelieved the possibility of cataract being absorbed, but who had lately, in an appendix to his work, admitted its practicability. He does not allow to be known the means which he employs for this purpose, the prescriptions being only made up by the local *pharmacien*, and patients taking with them a sufficient supply of the remedies to go on with in their absence.[1] Among the other English patients was a lady with incipient conical cornea, which had improved under the treatment. An American banker (a young man), who, from excessive attention to business, had become amaurotic, and was nearly blind, had not derived any advantage from his visit to Graefrath. As constitutional measures are not generally employed against the local disease, so also strict attention to regimen does not seem to be enforced by the Hofrath. One patient, of florid aspect, and having all the appearance of a *bon vivont*, whose eye was considerably inflamed, and who had been treated in England without success, had resided for some time in the neighbourhood, coming occasionally to visit the Hofrath, after having had a stimulating ointment (argenti nitras) put in the eye, immediately went up from the consultation to the *table d'hôte* and drank his half-bottle of wine.

All the patients whom I saw appeared to have the greatest confidence in the Hofrath; some, doubtless, not without good reason, having derived benefit after the failure of means employed at home; the obscure and more difficult cases are of course the exception to the generality; and one cause of the improvement which so many experience is doubtless greatly owing to the pure air and plain living of the place, and also to the season of the year being the most favourable (very few remain after October) for recovery, and less liable to produce aggravation or

[1] This pretended remedy, of this German charlatan, for cataract, is stated, on reliable authority, to be nothing but palm oil!!!—*Ed. Med. News.*

relapses. It is well known that in most Eye Institutions the bulk of the cases are less numerous and severe, and are more tractable in the summer months than at any other time of the year.—*Med. Times and Gaz.*, Nov. 24, 1860.

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The Cretins of Abendberg.—In the profession of medicine we may accept the political maxim, which teaches one nation to profit by the misfortunes of another; but not in a political sense. We may thus profit by the physical misfortunes of others, but only when we apply a superior intelligence to the art of remedying them. Then we may learn new methods and new principles, acquire fresh resources, and rise to the level of those who have most effectually and wisely studied their art, by simple imitation, or by consenting to learn from others, if with the desire to push still further their successes. Dr. Guggenbühl, known throughout Europe as the founder and director of the institution at Abendberg for the treatment of cretins, has addressed to us various inclosures[1] descriptive of that establishment, in furtherance of the general discussion upon which we have recently entered, of the existing provision for the cure and culture of idiots, and the necessary extension and amelioration of their present status. The general scope and manner of foundation of Dr. Guggenbühl's institution are so well known in this country, that we shall not need to enter into any minute particulars; but a few additional details will be interesting.

Dr. Scoutetten, President of the Medical Societies of the Moselle, a distinguished physician who lately visited Abendberg, speaks of this interesting institution as in active and fruitful employ, filled with cases of distressing cretinism, of whom there were few that did not manifest signs of mental regeneration and physical development. It was the encouraging result of the first year's labour of Dr. Guggenbühl which, in 1846, led some philanthropic ladies of Bath to attempt something for the poor idiots of our own country, who are, in many cases, more curable than cretins. Hence the Idiot School of Bath arose—the first school for training and teaching idiots instituted in this land. It was presided over by Miss White, a lady who acquired a knowledge of the system practised at Abendberg, and devoted herself to the foundation of this new school. In the same way, in the year 1847, out of a deliberation whether to send an idiot child to the Abendberg, arose the thought of establishing an institution in our own country. So from the Abendberg sprang forth the asylum at Highgate, which was subsequently removed to Essex Hall (Colchester) and Red Hill. To this institution of Dr. Guggenbühl may be traced nearly all the efforts which have been made in our latest times to train and to cultivate the mind and body of the idiot. There is, therefore, a central interest attaching to this institution, and the intelligence of its continued success affords a hope of the general radiation throughout Europe of the precept and practice approved by experience there acquired.

Dr. Guggenbühl calls attention to the highly arched palate of the idiot, as indicating atrophy or atresia of the base of the brain, no less than depression of the vault shows imperfect development of the upper convolutions. The first care in training the idiot is to ascertain the force of intelligence, the instincts, and the sentiments, and so to strengthen those of which he is capable, that they may supply the place of those which are deficient. The first difficulty is that of articulation; this is taught in class by repeating the names of objects. It is seriously difficult to combine their attention by a common idea. Dr. Guggenbühl employs two means. In the day he strikes suddenly a Chinese gong, the sound of which deafens the tympanum, silences conversation, and excites a movement of surprise. He seizes that moment to commence prayers, and then, either by imitation or obedience, all the children listen to the voice of their master. In the evening he employs another resource not less ingeniously devised. Such pupils as are capable of receiving the first notions of reading are collected in a darkened chamber, and suddenly on a black board at the end of the room they behold a glittering line of fire—a letter of the alphabet, traced by the aid of a pencil of phosphorus. The rapid line of light surprises the children, and attracts them to give their attention to what is passing. The o is usually drawn first, for from this, by simple changes, may be constructed

[1] Die Erforschung des Cretinismus und Blödsinns, nach dem jetzigen Zustande der Naturwissenschaft. Von Dr. Guggenbühl. Wien, 1860. Also, Reports in German, French, and English, from Rokitansky, Schroff, Türck, and Scoutetten.

an a, b, d, g, q, p, &c. By such ingenious means, and, above all, by perseverance in them, Dr. Guggenbühl succeeds in ameliorating the physical condition and strengthening the intellect of his unhappy charge; and after four, five, or six years they may thus become useful members of the society which they had burdened and deformed.

The study of these results has led to the issue of commissions by the King of Sardinia, the King of Wurtemburg, the Emperor of Austria, and the Emperor of France. Formerly, all these countries were worse provided with the means of caring for their idiot population than even we were. Now they are, for the most part, greatly in advance of us. The labours of Dr. Guggenbühl, continually increasing in their success and their extension, demand earnest help, while they should excite patriotic emulation in every European country.

In his last publication, Dr. Guggenbühl insists upon the necessity of an European statistical inquiry and researches on a level with the present state of the natural sciences, to arrive at final conclusions on the difficult and complicated question of the cause of cretinism and idiocy. Meanwhile, he has the satisfaction of seeing his work more and more imitated and appreciated in all quarters of Europe, even in those which have hitherto been backward. Commissioners from several countries have this year visited the Abendberg to make themselves acquainted with the method of treatment: from Paris has come Dr. Parchappe, the Emperor Napoleon the Third having given 50,000 francs for founding a large cretin hospital in Savoy; from the Russian Government, Dr. Ther, the Emperor having ordered that a series of such institutions should be founded in Russia; from Spain came Dr. Pryadas, who is employed in furthering the work in his native country; while the Austrian Government has recently decided to build a new hospital in the Alps. These wide-spread efforts cannot fail to produce results valuable to humanity. Dr. Guggenbühl utters an aspiration that they may be fertile in scientific results, and especially that by systematic investigation the chief cause of this affliction of the human race may be ascertained. He is himself disposed to attribute it to "a kind of malaria which predisposes to this epidemic degeneration of human nature." Dr. Guggenbühl proposes, however, to verify this opinion by positive eudiometric researches, in which he looks forward with confidence particularly to British skill and British philanthropy.—*Lancet*, Dec. 1, 1860.

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Arsenic-eating in Styria.—Dr. H. E. Roscoe read an interesting communication on this subject to Manchester Literary and Philosophical Society (Oct. 30, 1860). Prof. Roscoe being anxious to obtain further definite information respecting the extraordinary statements of Von Tschudi, quoted by Johnston in his *Chemistry of Common Life*, that persons in Styria are in the habit of regularly taking doses of arsenious acid, varying in quantity from two to five grains daily, was supplied through the kindness of his friend Professor Pebal, of Lemberg, with a series of letters written by seventeen medical men of Styria, to the government medical inspector at Grätz, concerning the alleged practice. After reviewing the opinions of Dr. Taylor, Mr. Kesteven, and Mr. Heisch, upon the subject, and having mentioned the results and conclusions arrived at by those who had previously interested themselves with the subject, Mr. Roscoe stated that all the letters received from the medical men in Styria agree in acknowledging the general prevalence of a belief that certain persons are in the habit of continually taking arsenic in quantities usually supposed sufficient to produce death. Many of the reporting medical men had no experience of the practice; others describe certain cases of arsenic-eating which have not come under their personal notice, but which they have been told of by trustworthy people whose names are given; whilst others, again, report upon cases which they themselves have observed. Professor Roscoe proceeded to bring forward, in the first place, evidence bearing upon the question—Is or is not arsenious acid, or arsenic in any other form, well known to, and distributed amongst the people of Styria? He said that he had received six *grammes* of a white substance forwarded by Professor Gottlieb, in Gratz, accompanied by a certificate from the district judge of Knittfield in Styria, stating that this substance was brought to him by a peasant woman who told him that she had seen her farm-labourer eating it, and that she gave it up to justice to put a stop to so evil a practice. An accurate chemical analysis showed that the substance was

pure arsenious acid. Extracts from many of the reports of the medical men were then read, all stating that arsenious acid, called "Hidrach" by the Styrian peasants, is well known and widely distributed in that country. The second question to which Mr. Roscoe sought to obtain an answer was, whether arsenic is or is not regularly taken by persons in Styria in quantities usually supposed to produce immediate death? The most narrowly examined, and therefore the most interesting case of arsenic eating is one recorded by Dr. Schäfer. In presence of Dr. Knappe, of Oberzehring, a man thirty years of age and in robust health, ate, on the 22d February, 1860, a piece of arsenious acid weighing four grains and a half; and on the 23d, another piece weighing five grains and a half. His urine was carefully examined and shown to contain arsenic; on the 24th he went away in his usual health. He informed Dr. Knappe that he was in the habit of taking the above quantities three or four times each week. A number of other cases, witnessed by the medical men themselves, of persons eating arsenic, were then detailed. Dr. Holler, of Hartberg, says that he and other persons, named in his report, guarantee that they are together acquainted with forty persons who eat arsenic; and Dr. Forcher, of Grätz, gives a list of eleven people in his neighbourhood who indulge in the practice. Professor Roscoe did not think it necessary to translate the reports *in extenso;* he gave extracts containing the portions immediately bearing upon the two questions at issue, and deposited authentic copies of the original reports with the Society, for the purpose of reference. He concluded that decisive evidence had, in his opinion, been brought forward, not only to prove that arsenic is well known and widely distributed in Styria, but that it is likewise regularly eaten, for what purpose he did not at the moment investigate, in quantities usually considered sufficient to produce immediate death.—*British Med. Jour.*, Nov. 24, 1860.

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Spontaneous Explosion of Glass. By M. Donovan, Esq., Hon. Mem. Philadelphia Coll. of Pharmacy.—Some phenomena have lately occurred which appear to merit attention, as they might have been attended with dangerous consequences. Dr. Hoffmann states that a large bottle of chloride of lime, the glass stopper of which could not by any means be taken out, had lain for years undisturbed on a shelf in his laboratory, when, without any obvious cause, it exploded, breaking the bottle into small fragments, and dispersing them, along with the chloride, with violence to a distance in all directions. This explosion Dr. Hoffmann attributed to a spontaneous decomposition of the chloride of lime, a substance not hitherto known to be capable of producing such an effect.

Some days since an explosion took place in the shop of a chemist in Colliergate, York. One of the large show-bottles which stood in the window suddenly burst with a report described as resembling a cannon; the plate-glass window was shattered, and the glass vessels were blown to atoms.

Three years ago the following occurred to myself. I had procured from London a four-ounce bottle of what professed to be iodide of sulphur; but as it did not in any respect resemble that substance, I set it aside without removing the stopper, which stuck fast. In a year after, wishing to convert the bottle to use, I attempted to remove the stopper, but could not. I then tried to effect my object by striking the side of the stopper with a piece of wood, in the manner commonly practised. I had no sooner given the stopper the first stroke, and a gentle one it was, than an explosion as loud as a small pistol-shot took place; the body of the bottle was shivered, some of it almost into dust; the room (a large one) was filled with a cloud of the yellowish powder which the bottle had contained; and three of my fingers were gashed in a manner which gave me great pain; the cicatrices even to the present hour occasionally sting me.

I succeeded in collecting a sufficiency of this powder for examination. Its colour was pale yellow; it was proved not to contain a particle of iodine; it burned, on a hot iron, entirely away, with the characteristic flame of sulphur. I could discover nothing in it but sulphur in the state of hydrate, or what is called *lac sulphuris*, and such I believed it to be.

I have more than once witnessed the spontaneous fracture of a glass vessel into curious zigzags, the parts still holding together. I attributed the occurrence to imperfect annealing, or to whatever the principle is that causes the explosion of Prince Rupert's drops. The explosion of my bottle

seems inconsistent with the notion of a radical force acting from within, but agrees well with the supposition of some molecular repulsive agency between the particles of the glass which had been long constrained and overpowered by their cohesion, until the vibration of the stroke given to the stopper determined the balance of power. I am not sure that this explanation has much meaning in it, but I can suggest no other. Whatever may be the cause, it is probable that the explosion of the chemist's show-bottle was of the same kind. Such bottles generally contain merely water coloured by metallic salts or other non-fermentable substances. Perhaps the explosion of Dr. Hoffmann's bottle may have occurred in the same manner; and perhaps the three cases may have been explosion of the glass, and not of the contents of the bottle. Be this as it may, we derive the caution to be on our guard when we have to do with bottles the ground glass stoppers of which have been closely adhering for a length of time, and obstinately resist being removed.

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Poisoning by Green Paper.—On Friday, the 9th of November, an inquest was held at Highbury, Islington, before Mr. Wakley, touching the death of Clarence W. King, son of William Thackerah King, Esq., of Beresford Lodge, Highbury, aged three years and a half. The evidence of the father and the nurse having been given, the medical attendant of the family, J. B. Metcalfe, Esq., M. R. C.S., was examined, who stated that he was called to visit the child on Thursday morning, the 1st inst., being informed that it was in a fit. On his arrival, the convulsions had ceased, but the little boy was in a semi-comatose state. He learned that the child had felt chilly, and had been sick; had refused his breakfast, and therefore had taken nothing since his supper on the previous evening. He had fallen from the sofa two or three days previously, and there was a very slight bruise apparent on the forehead. In the evening the symptoms seemed to be somewhat relieved by the remedies administered, but during the night he became excessively restless; and another child (a little sister) being also seized with convulsions, followed by violent screaming and copious dysenteric discharge from the bowels, the medical gentleman was again sent for, and on his arrival found the child first affected in a state of collapse. Thinking the appearances suspicious, and the more so because three months before both these children had been almost simultaneously attacked in a similar manner, he began to search more minutely into the causes likely to have given rise to these seizures, and discovered that they had during the last few days been playing with their toys in the cupboard of the breakfast-room, which room was papered with a green flock paper; that two or three days previously they had been amused by helping to clear out one of these cupboards, and that the little boy had sucked a piece of lace which he found amongst the books and toys there.

These circumstances seeming to confirm his suspicions, he directed the evacuations to be preserved, and sent them to Dr. Letheby for analysis. Meanwhile every effort was made, by the application of warmth, administration of ammonia, and constant supplies of warm milk, to rally the little sufferer, but of no avail. Alternations of repose and violent tetanic convulsions continued during the day, and he died thirty-eight hours after the commencement of the attack.

A *post-mortem* examination was performed, and the stomach with its contents, part of the liver, and the sigmoid flexure of the colon, were forwarded to Dr. Letheby, and at the same time portions of the green paper.

Dr. Letheby's report was as follows: "The paper is coloured with arsenite of copper, or Scheele's green; and it is so loosely attached to the surface that it brushes off most readily. The quantity of poisonous pigment amounts to nearly one-third the weight of the paper, and therefore it is highly dangerous in its nature. I have examined the stomach, and find that it contains distinct evidences of arsenic; so also do the liver and the evacuations; but the quantity of the poison in the last two is not nearly so large as that in the stomach."

The coroner remarked that he and a son had experienced headache from sitting in a room hung with such paper; and he having summed up, the jury returned a verdict to the following effect: "That Clarence William King had been poisoned by the inhalation of arsenical fumes which had escaped from the green paper of a certain sitting-room, and that the manufacturer of such paper had been guilty of very careless and culpable conduct."—*Lancet*, Nov. 17, 1860.

Consumption of Tobacco in France.—The consumption of tobacco in France increases in an immense proportion. In 1815 it was only 53 000,000 lbs., and in 1858, 173,000,000 lbs., having in that time more than tripled. In a period of 47 years, it produced to the Treasury a gross sum of 4,386,794,264 fr., and a net amount of 3,044,079,306 fr. The sale of tobacco, as is known, is a government monopoly, and the gross receipts from it are set down in the budget of the present year at 183,000,000 fr. From that sum, however, must be deducted 15,424,000 fr. for salaries; 12,437,200 fr. for rent, buildings, wages to workmen, repairs, supplies of paper, envelops, salt, and casks; 211,000 fr. for indemnities to departments in which the plant is cultivated; 205,000 fr. for fees to experts; 43,009,000 fr. for purchase of foreign and native tobacco; and 96,933 fr for extraordinary services; total, 57,501,533 fr; thus leaving a balance of 125,498,467 fr. in the Treasury. The increase in the price of tobacco just imposed will raise the receipts, it is estimated, to about 220,000,000 fr.—*Lancet*, November 3, 1860.

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Dupuytren on Tobacco Smoking.—"I cannot understand the progress of this filthy custom among educated people. It is, indeed, incredible that a man of liberal education should consent thus deliberately to debase his intellect; that a man, who has enjoyed the pleasures of literary and scientific information, should prefer to the sublime pleasures of the mind the ignoble pleasure of rendering himself disgusting to all about him."—*Med. Times and Gaz.*, Nov. 24, 1860.

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Russian Civil Hospitals in 1858.—According to the report for 1858, just issued by the Russian Government, the entire number of persons received into these in 1858 amounted to 293,153, of which number 246,747 recovered, 24,583 died, and 21,823 remained under treatment; so that the mortality was about 83 85 per 1000. Inflammatory, rheumatic, gastric, and especially catarrhal fever occupied the first rank. No part of the Empire escaped the influenza, but nowhere did it exhibit marked malignity. The same observation may be made concerning ague, which, however, assumed a bad form in the St. Petersburg district. In several places Fowler's solution was found to be of efficacy, while the preparations of bark were of little service. Of typhus and typhoid there were 20,062 cases, with 15,556 recoveries and 3415 deaths. Cholera prevailed epidemically in some places, not quite half those attacked dying. Of dysentery there were 138.90 deaths to 1000 recoveries; and of acute exanthemata there were 71.14 deaths to 1000 recoveries. Croup prevailed epidemically in various places, 533 deaths occurring from among 1809 cases. There were 9648 patients suffering from tuberculosis with 4430 deaths, from scorbutus 3437 with 252 deaths, 28,952 from syphilis with 237 deaths. Of 115 persons bitten by animals with rabies 23 became affected with hydrophobia, all dying. The bite of the wolf has been found to be more dangerous than that of the dog. There were 2 cases of acute glanders in man. There were 933 major operations performed during the year, the patients recovering in 838 and dying in 95. Of these, 248 were amputations of the large limbs, with 205 recoveries and 43 deaths: 24 disarticulations, with 3 deaths: 14 resections, 78 lithotomy operations, 90 extirpations of cancer, 49 cataract operations, 28 for phymosis and paraphymosis, 3 tenotomy operations, 9 herniotomies, and 2 tracheotomies.—*Med. Times and Gaz.*, Dec. 1, 1860, from *Deutsche Klinik*, No. 40.

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Regulations for the Admission of Foreign Medicinal Substances into Russia.—The *St. Petersburg Journal* contains a decree of the Medical Council of Russia upon this matter. Russia has for a number of years been the centre and privileged territory of inventors of all kinds, and from every country. As long as more or less new or useful inventions in industry, commerce, or the arts were concerned, the authorities have only interferred for the granting the patent, leaving the public as the sole judge of the merit of the invention. But when dangerous products are concerned, such as chemical or pharmaceutical substances, which by their very nature escape all appreciation by the public, competent authority, whose duty it is to watch over the health of all, ought to intervene in order to protect the purchasers against error and charlatanism. The number of new medicines prepared abroad and offered to the public through prospectuses and advertisements, becomes every day greater, and demands for permission to import new remedies flow in from all parts of Europe.

If the Medical Council were to listen to all these inventors of secret medicines indiscriminately, and reply to the voluminous memoirs which accompany their samples, time would not suffice; it would, in the examination of pretended discoveries, the compositions of which are usually based on neither science or common sense, but on interested calculations, lose precious time which should be devoted to serious questions. To avoid such loss and to prevent foreign inventors of secret remedies, undergoing needless trouble and expense, the Council publishes an extract from the Russian code of what relates to medicinal substances brought from abroad. Every inventor must transmit to the Medical Council a specimen of his invention, accompanied by a note indicating its ingredients. The Council causes an analysis to be made, and if it recognizes the substance as likely to be useful, it regulates its employment, and fixes the price. If the proposed remedy is of really a serious character, so that it is proved to be better than similar ones in use, or while of equal efficacy with them it can be more easily employed and sold cheaper, the Council may accord to the inventor the privilege of an exclusive sale for a certain number of years at the price determined on—the secret of the composition being revealed at the end of such period. Moreover, the Medical Council will not proceed to the examination of any of these substances, unless they have been already approved of by the medical bodies of the country to which the inventor belongs, if their employment is dangerous, if their preparation implies costly apparatus or special qualification, and if they will not keep well after they have been prepared.—*Ibid.*, from *Union Méd.*, No. 135.

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University of Edinburgh.—The increase in the number of students in the University, which was marked last year, continues this session. We understand that Lord John Russell's eldest son has this year matriculated in the University, in which his father was a student fifty years ago.—*Med. Times and Gaz.*, Nov. 17.

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Obituary Record.—Died, in Dublin, on the 1st of December, of apoplexy, after only three hours' illness, Sir Henry Marsh, Bart, M. D., in the 70th year of his age. Dr. Marsh has during the last thirty years occupied the foremost place among the medical practitioners of Dublin.

Diphtheria.—This terrible disease, in regard to the ravages of which in France and Great Britain we have, of late years, heard so much, has been prevailing during the past two years in various places throughout this vast country, carrying fear and desolation into many families. We hear of it in numerous points from the Atlantic to the Pacific, and from the lakes to the Gulf. It has presented itself in its most virulent form in the New England States, the northern portion of the State of New York, in Kentucky, at some places in the Mississippi Valley, and in California. The deep interest which this disease has aroused, induced the Trustees of the Fiske Fund to offer a prize for the best essay on the subject, and, as already announced, this was awarded to Dr. D. D. Slade, of Boston. This very elaborate Essay is published in the January No. of the *American Journal of the Medical Sciences.* Believing that the readers of the Journal would desire to have the whole of this Essay laid at once before them, the publishers have with that view considerably enlarged the January No.

That number also contains elaborate and interesting papers by Prof. Austin Flint, of the New Orleans School of Medicine; Prof. Hammond, of the University of Maryland; Prof. Dalton, of the College of Physicians and Surgeons, New York; with numerous other highly useful practical communications, also Reviews, Bibliographical Notices, a Quarterly Summary of the Progress of Medicine, &c.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Writer's Palsy.— The following case, which presented itself at the Hospital for the Epileptic and Paralyzed, is an example of what is commonly called "writer's palsy," but according to Dr. Brown-Séquard this affection is a condition of spasm, and not of palsy. The patient, an intelligent man, aged 33, was asked to write. When he took the pen in hand and began to write, the thumb, to which digit the sole blame appeared due, was spasmodically flexed, the last phalanx being apparently more influenced than the rest of the member. It was found that the tendon of the flexor longus pollicis was rigid, and the patient said that it was slightly tender on pressure. Dr. Brown-Séquard considers this spasm to be the result of a morbid association, the idea of writing, as it were, being involuntarily followed by spasm, just as physiologically the ciliary muscle (without the interference of direct voluntary effort) accommodates to the required distance when objects at different distances are looked at. There were, however, in this case, some features which made it differ somewhat from the typical affection as generally described. Thus the man found the same difficulty in lifting a small weight, and from the same cause—spasm of the thumb. He could grasp firmly, and was even able to button his clothes with the hand, though not so well as with the other. Dr. Brown-Séquard related the case of a literary gentleman who was accustomed to write a great deal, and in whom this spasmodic affection attacked one after another the fingers of his right hand, and then, after

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a time, the left, with which he had learned to write. This gentleman, after the thumb and index finger of his right hand were rendered useless, wrote with the remaining fingers, and when these were attacked he fixed the pen on his wrist and again wrote; but the arm now became spasmodic, and he could not write at all. He then learned to write with the left hand, but the spasm also attacked the several parts on this side in the same way, and he was compelled finally to abandon the pen. Another point of interest in the present case was that at about the age of fourteen the patient had some other paralytic affection. The following is a short sketch of his history: About the age mentioned he began to lose control over his bladder, and to experience difficulty in walking. He had, too, about the same time, pain in the head, of the exact seat of which he gives no clear account. He next had double vision. He says that neither of the upper eyelids ever fell, so that the third nerve was probably not affected. He gradually lost entirely all power of motion and all sensation in the legs and in the hands. The fingers then were spasmodically flexed, and, as he explained, were curled towards his palm, apparently not, as is often seen, completely closed like a fist, rigid in a bent position. The symptoms gradually passed off again, and three years from the commencement, he considered himself to be getting well, and remained in very good health until 1859. He was then a clerk, and began to find a difficulty in writing. His pen would, he says, drop from his hand. To such an extent did the difficulty increase that he was obliged, in October, 1859, to resign his situation. He has since learned to write with the left hand, but he thinks not quickly enough to enable him to return to his old employment. He is apparently a healthy-looking man, but says that he has occasional sensations (epileptic vertigo?) coming on as if starting from the back of the head and passing over to the forehead. He seems to dwell on this feeling as if it were of more consequence than would appear by his verbal description of it. It is not, he says, giddiness and he is not at all unconscious This comes on when he looks steadily at anything, or when reading, and prevents him reading more than a few lines at a time. The hand has improved very much since he first came under care.—*Med. Times and Gaz.*, Dec. 1, 1860.

Spasm of the Depressor Muscles of the Lower Jaw.—From a variety of cases of affection of the nervous system attending Dr. Brown-Séquard's practice, we select the following, as illustrating a curious and very rare form of local affection. The patient appears to be in general good health, and suffers nothing, except the annoyance of his so marked and peculiar deformity. He is an intelligent, well-educated man, about 60 years of age, and states that, whenever he is not moving his jaw in eating or in talking, it falls, and thus his mouth is left open, giving a vacant and silly expression to a face otherwise intelligent. As stated, he can eat well and talk well, and the masseter and temporal muscles contract well on both sides; but, when the jaw is depressed, the muscles below the chin are found to be spasmodically contracted. The depressor muscles of the jaw are, therefore, as Dr. Brown-Séquard considers, in fault, being over active.—*Med. Times and Gaz.*, Dec. 15, 1860.

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Epilepsy depending on Disorder of Menstruation.—The following case is of especial interest, as illustrating the connection between the frequency of the fits and the state of the uterine functions. The fits first commenced not only during amenorrhœa, but at the time when the flow should have taken place; or, as the patient fancied, "they took the place of her being unwell." Another point of interest is the occurrence of bleeding from the nose at a menstrual period, the natural flow being suspended. As might be imagined, a case of epilepsy of this kind was complicated with hysteria, or at least with symptoms which are generally associated with hysteria, as globus, crying etc.

Martha B., aged twenty-one. unmarried, was admitted into the Hospital for the Epileptic and Paralyzed, under the care of Dr. Brown-Séquard, in July, 1860, for epilepsy. Menstruation commenced at the age of fifteen, and has continued irregularly ever since. Shortly after the commencement of menstruation, about six years ago, she had her first fit. It occurred at the proper period of menstruation, but no flow took place, this being the second period that had been passed. She had also, it appears, an attack of pain in her joints, which had been very much swollen a little before the fits. The fits subsequently occurred at this time for

six or seven periods. She says that she used to have a fit instead of being unwell. She had also a sort of delirious attack with what she calls "like fits," etc., but attended by complete insensibility. She has no immediate warning of the fits, but for a short time before she has well-marked hysterical symptoms, globus, fits of crying, and twitchings of the face. Three years ago, when under care in a metropolitan hospital, she had several fits every day. From that time the fits have got worse, being still clearly associated with derangement of the uterine functions. On her admission, under the care of Dr. Brown-Séquard, she had as many as ten or eleven fits every day. She had not been unwell for ten weeks, and was very much depressed in spirits and much reduced in health. Strychnia, in doses of one-thirtieth of a grain twice a day, was prescribed, with steel wine. Wine and porter also were given. About one month after admission menstruation was again established. The fits gradually declined in number, the intervals becoming as much as two or three days, and for the last month (August) of her stay in the hospital she had only one. On August 13 the strychnia was omitted, and bismuth was given, and a pill, containing half a grain of extract of opium, two of extract of hyoscyamus, and ten of extract of lettuce, was given every night. From the time of the re-establishment of menstruation this function has been performed properly, until one week ago, and she has had only one fit. She, however, felt much better in health, and did not suffer much after the fit. At the last menstrual period she had no natural discharge, but lost blood from the nose and mouth (vicarious?). She had no fit, but severe headache. She is wonderfully improved in every respect, not only in the fits being very much diminished in number, but her health is much better, and her aspect of cheerfulness is a marked contrast to her former appearance. She is now taking quinine only.—*Med. Times and Gaz.*, Dec. 22, 1860.

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Case of Hydrocephalus; Puncture; Death.—A girl aged fifteen months was admitted into St. Bartholomew's Hospital, under care of Mr. Paget, August 31, for hydrocephalus. She was a badly nourished child, emaciated and feeble. She was said not to have been born with a large head, but that it commenced to increase two months after birth. It was also ascertained that her parents were first cousins, that her mother was paraplegic, and her father phthisical. Four months before her admission her head was found to measure twenty-seven inches round, but on admission the measurement was only twenty six. The orbital plate of the frontal bone was much pushed forwards, and hence more nearly in the perpendicular. The eyeballs were displaced inwards and forwards. The bones of the skull were at the anterior fontanelle widely apart, the fissure extending for some distance betwixt the frontal and parietal bones. She was quiet in the day, seemed pretty comfortable, but cried most of the night. The thumbs were constantly drawn in on the palms of the hands. She still showed some signs of intelligence, and knew the nurse and sisters. Her appetite was voracious. On September 1st Mr. Paget introduced a capillary trocar by the side of the anterior fontanelle, and allowed six ounces of fluid to escape. Except the trifling pain of the introduction of the instrument, no particular uneasiness was produced by the presence of the trocar. On the 8th, sixteen ounces of fluid were pumped out by means of a small stomach-pump with a gutta percha tube attached. After each of these operations the child was sick for about two hours, but next day it took food, and seemed as well as usual. On the 15th, Mr. Paget drew off eight ounces of fluid, and injected one ounce of an aqueous solution of iodine and iodide of potassium (ten grains of iodine, one scruple of iodide of potassium, and an ounce of water). The operation was borne well, and no unusual effects were produced. No iodism. On the 18th (three days after the injection of the solution), the head measured twenty-seven inches. After each of the first two operations the head collapsed slightly, the space in the anterior fontanelle becoming depressed, and the skin being looser than before. Next day, however, it had regained its previous size and appearance, the fontanelle being as tense as ever. After the third injection, however, the head did not regain its previous dimensions for ten days. On September 20th a fourth operation was performed. Eighteen ounces of fluid were drawn off, and three ounces of the solution injected. The fluid drawn off was rather more coloured than

usual, being somewhat like that of hydrocele. No iodine or iodide of potassium was detected in it. We may mention that Professor Langenbeck, of Berlin, was present at this operation. He suggested that the trocar should be introduced through the orbital plate of the frontal bone, in order to avoid puncturing the corpus callosum. Mr. Paget, however, preferred to puncture by the side of the anterior fontanelle, as he did in the three previous operations. The operation was performed at about half-past two o'clock in the afternoon. At five o'clock the child became convulsed, and continued so until six or seven o'clock, when the spasm became more permanent, and the child seemed quite rigid. The next morning the eyes were quite bloodshot, and the eyeballs more prominent and drawn in. During the whole of the night the child's limbs remained quite rigid. She did not cry, but she had no sleep. She was very sick. The thumbs, as previously, were spasmodically contracted on the palm, and both the great toes were also spasmodically flexed. The next day (22d) the jaws were quite stiff, the eyeballs sunken. There was less stiffness about the extremities. With the exception of a little milk, she had taken no food since the operation. She died at two o'clock, being just three days after the operation.

Autopsy. — Sept. 24. An incision was made into the more depending portion of the head, and about four pints of turbid serum were let out. The brain, which was not very adherent to the parts around, was very soft, and at the back was softened to a pulp. The cerebellum was moderately firm, and was pushed towards the right side. The lining membrane of the general ventricular cavity (the septum lucidum being broken down) was found exceedingly vascular, quite scarlet, the vessels presenting almost a varicose appearance. At the anterior part of the ventricular cavity were deposits of flabby puriform lymph, the fluid being very turbid. The fourth ventricle was carefully examined, and was found to be quite blocked up. The lungs were studded with tubercle, as was also the costal layer of the pleura. The bronchial glands were tuberculous. The liver and spleen were also the seat of tuberculous deposits. The fluid drawn off was examined for iodine and iodide of potassium; the latter only was detected.—*Med. Times and Gazette*, Dec. 22, 1860.

Bursting of an Unsuspected Cerebral Abscess, through the Nose in a Case of Phthisis.—It is well known to pathologists that with phthisis pulmonalis there is sometimes associated disease either of the membranes or the substance of the brain, from deposits of tubercular matter. The symptoms vary a good deal, are oftentimes very sudden, and may even carry off the patient in a few days. The cerebral mischief is generally unsuspected, because no signs are evinced by the patient of its existence. A case in point has just terminated at St. Bartholomew's Hospital, but differing somewhat from any of the cases spoken of by Louis, Andral, Cotton, and others:—

John W. H——, a man aged thirty-two years, was admitted on the 23d of August last, under Dr. Farre's care, for phthisis. He had also had an attack of pleurisy of the right side of the chest six weeks before admission. He improved as much as could be expected in the second stage of the disease, but remained pale and anæmic. He was nevertheless sufficiently well to be discharged on the 17th of November, very much improved in his general health. He, however, was not to leave until the next day, when he was seized with symptoms resembling a mild fit, such as spasmodic contractions of the fingers, rigidity of the mouth and lips (the latter of which were bitten), and some amount of unconsciousness. These lasted for about twenty-four hours, when a sudden discharge of a large quantity of pure pus took place from the nose, and he died. He was shortly after taken away by his friends, and no post-mortem examination was obtained. During the period of his stay in the hospital, no manifestation of cerebral mischief was ever shown; and there can be no doubt, as Dr. Farre believes, that a tuberculous abscess had formed at the anterior part of the base of the brain, which burst into the frontal sinuses. Such an unusual occurrence in phthisis invests the case with a considerable amount of interest and importance, and it proves to what extent cerebral disease may remain dormant, without impairment of the general functions of the individual.—*Lancet*, Dec. 29, 1860.

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An Arcus Senilis obstructing Vision.—Arcus senilis, as is well known, seldom or never causes any impairment of vision, although it is at times very extensive. An

instance of it in which it presented an unusually broad belt came under notice at St. Thomas's the other day, and in some remarks to the students present, Mr. McMurdo mentioned that he had on one occasion seen a case in which the arcus threatened by its unusual size to cut off the patient's sight.

The patient was a tall thin man, aged 60. The arcus had existed for seven or eight years, gradually encroaching towards the centre. When Mr. McMurdo saw him, there was only a minute central portion of the cornea remaining clear, leaving a sort of pin-hole aperture, through which, however, the patient could still see well. Whether or not the disease afterwards advanced further was not known, as the patient did not come under observation again.—*Med. Times and Gaz.*, Dec. 15, 1860.

CLINICAL LECTURE.

A Clinical Lecture on the Distinctions of Typhus and Enteric (Typhoid) Fever.—Delivered June 5th, 1860, by W. T. GAIRDNER, M. D., Physician to the Royal Infirmary of Edinburgh. Gentlemen: I am going to say a few words to you upon a subject of great importance, which we have not, till now, had a proper opportunity for discussing for many months past—the distinction of the enteric, or, as it is often called, "typhoid" fever, from the form so long and so well known here under the name of typhus. And as I observe that the doctrines which I have for some years regarded as established, and taught as being beyond reasonable doubt, have quite recently been again brought into question in the Medical and Chirurgical Society of London, I will ask you to observe very carefully for yourselves whatever facts our own experience affords as bearing on the subject.

Since the session began (in May) you have seen me pick out four cases from the miscellaneous list of febrile diseases sent up to the female fever ward; and these four cases you have heard me pronounce to be cases of enteric fever, on the faith of certain diagnostic peculiarities which have been described by various observers, and especially by Louis; but of which I must confess never to have had quite a clear idea until the publication of the researches of Dr. Jenner, of London, in 1848. Founding partly on the results obtained by Dr. Jenner, and partly on my own limited experience since 1848, I have never hesitated for some years past to point out the cases of this disease as differing *essentially* from cases of typhus fever—*i. e.*, differing as smallpox differs from measles, or both of these from scarlet fever or from typhus. In other words, I have been led to regard this enteric fever as a *specific* type of disease, not, perhaps, always distinguishable in practice from all others, any more than scarlet fever, and even smallpox, are always distinguishable; but when well-characterized, always observed to follow a law of development and diffusion which marks it out as an independent disease, not confounded *in nature*, and therefore not to be confounded *in name*, with any other fever. Now I wish you to observe particularly, in connection with these four cases, on what grounds I have placed this diagnosis; what doubts we have admitted in making it, and how those doubts have been solved. I may mention that all the four cases are now convalescent; so that I hope we shall not have in any of them that kind of confirmatory evidence which consists in finding, after death, ulceration of the small intestines, so characteristic of this kind of fever.

Observe, now, that judging from our four cases, the characteristic phenomena of this fever are not to be found either in its duration, or in its severity, or in its so called "typhoid" characters. The presence or absence of delirium, or of stupor, or of dry tongue, affords no ground of distinction. One of our cases had severe and protracted delirium, approaching coma; another had no delirium, but was very deaf and apathetic, with a foul and dry tongue for many days; the other two had hardly any "typhoid" symptoms at all. The heat of skin was equally variable; in one it was scarcely ever much elevated; in all the others it varied greatly at different periods, as also did the pulse. In not one of the cases was there a rapid and decided crisis; but one began to amend about the eleventh day, another about the twelfth day, while the two remaining cases were excessively protracted, and can hardly be said even now, after nearly seven weeks, to be out of danger; the fever having in one of the two degenerated into a kind of hectic type, exceedingly like that of subacute phthisis—a consequence, let me remark, which is very

much more to be dreaded in enteric fever than in any other form of specific fever with which I am acquainted.

Nothing, then, can well be more variable or less characteristic than the general symptoms of this fever. I have seen it resolve itself in ten days, with the symptoms of febricula only, or of a mild remittent fever; I have seen it, on the other hand, last nearly as many weeks, and pass imperceptibly into organic disease. It mimics in turn not only all other fevers, but many other general or local diseases—phthisis, pneumonia, meningitis, perhaps more frequently than most others.

Next, as regards complications, we find that in two of our four cases there was intense deafness; in one, if not in both, with disorganization of the ears. In the same two there was pulmonary complication of considerable intensity, and doubtful issue; in one of them resembling broncho-pneumonia, in the other tubercular disease. The other two cases were almost perfectly free from pulmonary or other severe complication, and but for a little diarrhœa at the commencement might have been said to be free from complication altogether.

But *there was diarrhœa, more or less, in all the four cases.* This, I need hardly say, is the particular symptom from which the name "enteric," as applied to this fever, is derived. Diarrhœa, without known cause, with light-coloured, ochrey, or blood tinged stools, and with a tympanitic state of the abdomen, gurgling on movement, or tenderness on pressure in the right iliac fossa, are symptoms as nearly characteristic of this fever as any that can be named. And yet I would not have you to trust to these symptoms too much, for some of them are absent in the majority of cases; and even diarrhœa may be very transitory, as it was in two, at least, of our cases (not lasting beyond a few days, or even hours); or it may appear to have been determined by a purgative. Further, there may be no diarrhœa; and even in fatal cases, with great ulceration of the intestines, diarrhœa may not appear till a very late period. Besides, in typhus fever, and, indeed, in all fevers whatever, diarrhœa, as an incidental symptom, is by no means uncommon.

Now observe, further, that *in all our four cases, there was a peculiar eruption on the skin.* This, when present, and in sufficient amount to be identified, is the great criterion of enteric fever, as the eruption of typhus is also of that disease. I will not dwell on the characters of these eruptions here in the class-room. I will ask you to study them carefully in the wards whenever you have opportunities, and particularly to contrast them with one another. Of the maculated eruption of typhus, you have two excellent examples under observation at present. I will only recall to your attention now the fact, fully demonstrated to you before on many occasions, that in most of our cases of enteric fever the eruption has been very scanty, and that we have not unfrequently hesitated for a day or two to make a diagnosis. Indeed, the first crop of the eruption is rarely quite decisive; but as soon as successive crops, even of two or three spots each, appear, all doubt is removed. But in order to be sure, it is usually requisite in this disease, when the eruption is scanty, to mark each individual spot with ink in such a way as to distinguish accurately the period of its appearance; which precaution against error, accordingly, you saw me take in all these four cases. This in typhus fever it is usually unnecessary to do, and from the number of the spots it would be impossible even if it were necessary.

As regards the characters of these eruptions, I may refer you for details to the excellent descriptions and illustrations of Dr. Jenner in the thirty-third volume of the *Medico-Chirurgical Transactions*, with which I entirely concur.

As regards the characteristic phenomena of typhus, and particularly the relation of the eruption to these phenomena as we have observed them in Edinburgh, I have no time to enlarge at present, and I will therefore take the liberty of referring you to a short paper of mine in the number for July, 1859, of the *Edinburgh Medical Journal*, on the changes that have occurred in our fevers during the last ten or twelve years. You will there find that typhus, like enteric fever (though not certainly to the same degree), is a disease of exceedingly variable severity and duration; that its general febrile characters, though following on the whole a certain type, are by no means to be depended on in individual cases; that its complications are few, and follow no regular rule; and that therefore, still more decidedly than in enteric fever, we have usually to fall back on the eruption for its diagnosis.

You will observe, then, that in the diag-

nosis of enteric fever, as compared with our old and familiar (but happily, not *of late* very familiar) typhus, I rely not so much on any of the characters of the fever itself, though these are often very peculiar and distinctive when taken all together; but chiefly, and in some cases exclusively, on the eruption. And the eruption I believe to be characteristic thus far, that when sufficiently abundant and well marked, it shows forth quite decidedly which of the two diseases is present. When scanty in amount, and present only for a short time, it sometimes leaves us in doubt, not only whether the fever present is typhus or enteric, but whether it is an eruptive or specific fever at all. Thus you saw that, in one of our four cases, I remained in suspense for two or three days, but was afterwards quite decidedly enabled to pronounce that the eruption was that of enteric fever. And as regards typhus, some of you may have observed that, in the two cases now in the ward, I did not for a single instant admit of a doubt. The eruption, being a well-marked one, was, to my mind, a conclusive evidence of the nature of the disease, without a single inquiry as to the symptoms or antecedents of the cases. The same perfectly distinctive character of the eruption, at the first visit, has often occurred to me in the case of enteric fever.

Now I presume you will ask, and you certainly will do well to ask, what proof can be presented that the two eruptions alluded to (admitting them, as I think you will do, to be distinguishable from each other in the great majority of cases) indicate two diseases; and not mere accidental varieties of one disease? I have already fully confessed to you that, unless the eruption makes the distinction, there is no sufficient and constant distinction in the symptoms ascertainable during life. Of course there is the additional *fact* of the ulceration of the Peyerian patches—by far the most noteworthy single fact, pathologically speaking, in the natural history of enteric fever. But it will not do to found on a fact like this in the matter of diagnosis; and, besides, after you have settled that there are cases of fever with ulcerated intestines, you have still to settle whether these cases are different in nature from other cases, in many respects similar, in which the intestines are not ulcerated.

Have we, then, here before us *two distinct fevers with two distinct eruptions, or only fever with two varieties of eruption?*—that is the question. Let us look at it, first, in the light of the six cases at present in the ward.

Two of these cases, I have already told you, were recognized, not by a careful investigation of symptoms, but simply by a single glance at the eruption, as cases of typhus. What is the history of these cases? They are two sisters of a family of five—namely, a mother, three daughters, and a son—who, with a lodger, occupied a house in St. Mary's-wynd, in the immediate neighbourhood of a large tan-work. Of these six persons, five[1] have had fever; and we know positively that in all of these it has been typhus with eruption. The brother and the lodger you may see for yourselves in the male fever ward; the mother was the very last case of typhus we had under treatment in our own ward, and it is now more than a month since she died (May 1st). We do not know whence this fever originated; there is some ground for suspicion that the mother was visiting a fever case in another ward in the hospital before she was attacked, but as I cannot trace the story distinctly we had better not insist upon it. Be that as it may, we have here evidently a group of five cases having a common contagion; and all of them prove to be typhus with distinct typhus eruption. Excepting this group, there has not been a single case of typhus in the infirmary, I believe, since the 25th of April, and then only one, from the New Town. In March, there was only one case—a girl from Dalkeith. In February, there was only one case—the last of a little group which, like the present group, was composed of typhus cases only. In January there were one or two other cases. In the Dispensary books I find no case of typhus recorded since March, except one of those which I have noticed as admitted here. So that for three months, at least (we may say confidently) Edinburgh has been almost clear of typhus fever, with the exception of the cases now enumerated.

As regards the four cases of enteric fever, I find that three of the four are apparently quite isolated cases. This is in accordance with what we know of this disease, which has much less tendency than typhus to run into groups of cases, and is, I believe, much

[1] Another daughter, the only remaining person of this group of six, has since passed through typhus fever with distinct eruption, under our observation. (July 4th.)

less contagious, but in the fourth case we have got hold of a link in a chain or group of cases, and this time the locality is not in Edinburgh, but in Penicuick, a village at nine miles' distance. I can tell you nothing about these cases from my own experience; but, fortunately, they were seen by Dr. Thin, of Penicuick, who sent in the girl *as a case of enteric fever*, and assures me that her brother had the same fever, with a like eruption, in a severe form; and that other cases of the disease occurred in the same house. And I know that Dr. Thin's observation is most implicitly to be trusted upon this subject, because he was a most valued pupil of mine a few years since, and had ample opportunities of studying fever during his attendance in the Royal Infirmary. Nothing short of having seen these cases with my own eyes could give me more confidence than this in telling you that they actually were cases of unquestionable enteric fever. Now, besides the cases under observation at present, I find recorded in the books of the fever wards only one case of enteric fever in May, two in April, one in March, one in February, two in January—all, so far as known to me, isolated cases; and, further, I find the dispensary books quite void of any reference to the disease.

Here, then, is the kernal of my argument. Fever has not been epidemic in Edinburgh for six months at least; on the contrary, it seems probable that there have been hardly a dozen cases of typhus in all, and about as many of enteric fever, in the entire town during the whole of that period. But five cases are found in a single household, and these are all, without exception, cases of eruptive typhus. One case of enteric fever is sent in from Penicuick, and forms part of a little epidemic or local visitation there, which we are assured by Dr. Thin, consists of enteric fever only, and not all of typhus, as distinguished by eruption. The two diseases are, therefore, as distinct as they can possibly be. No case of typhus has given rise to anything but typhus; no case of enteric fever has given rise to, or been associated with, anything but enteric fever.

Now this is only a small contribution to a kind of experience of which Dr. Jenner has availed himself with great care and exactness in the much greater field of London. Here, again, therefore, I may refer you to his paper, already mentioned, for further details. But there is this advantage in a small field, that you can be much more sure of exhausting your facts. No one can pretend to have had access to all, or nearly all, the fever cases of London, during however short a period. But in Edinburgh, Dr. Begbie and myself probably have seen, or have had the means of knowing about, very nearly all the fever cases; and, therefore, when I declare to you that, within my experience for ten years past, no instance has occurred of a decided origin of enteric fever in a group of typhus cases, or of typhus fever in a group of enteric cases, I am entitled to say that I have obtained very strong evidence in corroboration of the view, that these two diseases are, in reality, different diseases, and not mere varieties of the same disease.

Last summer I made a very careful survey of the whole fever field of Edinburgh (if I may call it so) for several months together. It was not an epidemic season; but I gathered about thirty cases of typhus and twelve of enteric fever, and into the whole details of these I inquired with the greatest possible minuteness, visiting every one of the fever localities, except one or two in which I was quite sure the cases were isolated. The result was that in no case could I light upon a suspicion that typhus had given rise to anything but typhus, or enteric fever to anything but enteric fever. The details of this inquiry you will find in the *Edinburgh Medical Journal* for September, 1859.

We had, however, in the infirmary a melancholy proof that although typhus cannot give rise to enteric fever, or enteric fever to typhus, it is possible for persons who have passed through enteric fever to take typhus very soon afterwards. Last summer we were unable to avoid, during a certain period, the association of the two diseases in the same ward in rather excessive amount. Now, mark what followed. No case of typhus was seized with enteric fever; but no less than four of the dozen cases of enteric fever were attacked within a few weeks with typhus, and I am sorry to say that the mother of a very interesting family of five (who all, except the father, passed through enteric fever) died of this secondary attack of typhus, caught beyond question from typhus cases in the ward where she was visiting her daughters. Both these daughters afterwards sickened of typhus; but although one of them was excessively debilitated, we succeeded in saving both.

Another young girl had the two diseases in succession, but in each case mildly.

I beg you to notice very particularly these facts; for not only are they full of instruction as to the danger of associating typhus cases with enteric fever, or indeed with any other fever, in the same ward, but they form the most conclusive of all possible proofs that the two diseases are distinct diseases. Typhus fever is not subject to a relapse; and it is a curious and indisputable law with respect to it, that it almost never attacks again, at least within a period of years, those who have had it before. Yet here we have three members of one family, within a few weeks, seized with two distinct febrile attacks, with two distinct eruptions, the attacks being separated the one from the other by a perfectly distinct convalescence. To make these out to be mere varieties of typhus fever would require the whole laws of that fever, as ascertained by innumerable observations here and elsewhere, to be set at nought in this particular instance.—*Lancet*, July 21, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Cæsarian Operation.—Prof. B. F. Barker recently performed this operation at Bellevue Hospital, on account of a contracted pelvis, the antero-posterior diameter of the superior strait being only two inches, the cavity of the sacrum was filled with a bony tumour. The child was removed alive, and is now living. It weighed nine pounds. The mother died on the fifth day after the operation.—*Am. Med. Monthly.*

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Ovariotomy.—Dr. E. S. Cooper, of San Francisco, has successfully removed an ovarian tumour weighing eighteen pounds This is, he states, his third operation in San Francisco, and the only one which terminated favourably.

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Diphtheria.—This disease is said to be prevailing fatally in Tompkins and the adjacent counties of central New York, and also to some extent in Westchester and Rockland.—*Am. Med. Times*, Jan. 12.

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The Cold Wave of January, 1859.—The Smithsonian Institution, by means of its extended system of meteorological observations, has been enabled to make some very curious investigations respecting the three memorable cold days of January, 1859. It was found that the cold of the three days above mentioned swept progressively over the country like a wave, coming down from the Arctic regions, and first entering the territory of the United States at the extreme northwest, among the Rocky Mountains. It was experienced at Utah some three days before it reached the banks of the northern Mississippi, and was heralded by telegraph at Minnesota some two days before it reached Washington. At Buffalo it was some two hours in advance of Boston, and was felt last on the Atlantic Ocean, where it appeared to have vanished. This cold wave also swept south in a most remarkable manner, and progressively appeared in Florida and other Southern States and Mexico; and its last pulsations, as it died away in that direction, were experienced in Central America and among the West India Islands. Taken all in all, it was one of the most remarkable meteorological phenomena ever noticed, and the facts collected seem to prove that the originating impulse came from the extreme northwestern portions of the American continent.—*Drug. Circ. and Chem. Gaz.*, Jan. 1861.

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Pennsylvania Hospital.—Dr. Edward Peace has resigned the appointment, which he has held for a number of years, as one of the surgeons of this institution, and the duties of which he has performed with great fidelity and skill.

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Columbia College.—Professor Torrey has presented to this institution his immense herbarium with his valuable botanical library.

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University of Maryland.—The Faculty of Medicine in the University of Maryland announce a summer course of lectures and clinical instruction, to commence on Monday, April 8, 1861, and to continue till the commencement of the winter session; there being, however, a recess in all but the clinical lectures, from the 30th of June till the 1st of September.

These lectures will be both theoretical and practical, and will be delivered under the following arrangement: Principles of Surgery, Prof. N. R. Smith. M. D.; Toxi-

cology and Medical Jurisprudence, Prof. W. E. A. Aikin, M. D.; Diagnosis and Physical Signs of Disease, Prof. Samuel Chew, M. D.; Diseases of Women and Children, Prof. G. W. Miltenberger, M. D.; Experimental Physiology and Microscopic Anatomy, Prof. W. A. Hammond, M. D.; Hygiene and General Therapeutics, Prof. Edward Warren, M. D.; Practical Anatomy, Dr. J. H. Butler.

It is designed to make the above course eminently practical, and in a measure complementary to the winter course.

The clinical instruction will be given by the Professors of the University at the Baltimore Infirmary, which institution is entirely under their control.

The fee for the entire course of instruction is $50; or, if taken separately, $10 for each branch. The clinical ticket is free to all matriculates of the University; to others the fee for the summer will be $5.

In addition to the above, Prof. Hammond will deliver a course of fifteen lectures on Military and Naval Surgery, which will be free to those taking a full course of instruction; to all others the fee for these lectures will be $10.

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The Berkshire Medical Journal.—This is a monthly journal of 48 pages, at two dollars a year, published at Pittsfield, Mass., and edited by Wm. Henry Thayer, M. D., and R. Cresson Stiles, M. D., Professors in the Berkshire Medical College, the first number of which appeared last month. This number is almost entirely occupied by a very good paper on diphtheria, by Dr. Thayer.

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Baltimore Journal of Medicine.—The first number of this journal was issued last month. It is conducted by Dr. Edward Warren, and is to appear bi-monthly.

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A Systematic Treatise on the Injuries and Surgical Diseases of the Scalp, Skull, and Brain, and its Membranes.—Prof S. D. Gross announces that he is now engaged in preparing a work under this title, and requests the co-operation of his professional brethren, by furnishing him such cases, and practical reflections as may have arisen in the course of their experience.

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Dr. Horatio R. Storer, a pupil of Dr. Simpson, and a highly accomplished physician, has opened, we see it stated, an establishment for the treatment of the diseases of females, at Blue Hills, Milton, Mass.

FOREIGN INTELLIGENCE.

Recent Death in Paris from Inhalation of Chloroform.—A man, twenty-six years of age, applying to be relieved of the intolerable suffering caused by an in-growing nail, M. Fano proposed to him the inhalation of chloroform, in consequence of the very painful character of Dupuytren's operation for this, which it was intended should be performed. To this the man cheerfully agreed, bearing in mind the terrible pain caused by a similar operation performed upon him, without anæsthetics, some time since, by M. Jobert. The patient was operated upon at his own house, with the aid of his ordinary medical attendant. He was laid horizontally upon his bed, in front of a widely-opened window, looking into a spacious court-yard. A sheet of note paper was rolled into a triangular receptacle for charpie, upon which some drops of chloroform were placed. This was applied to the nares, the mouth being left completely free, and the condition of the pulse being most carefully watched. No effect having been produced after two minutes, some more drops of the chloroform were added, and the respiration became slower. Soon after this he became restless, tossing his limbs about, rising on end in order to get away, and repeating unconnected words. Pinching of the arm showed that sensibility remained; and as the pulse continued good, some chloroform was again dropped on to the charpie. The agitation soon disappeared, and a state of resolution followed. The inhalation was discontinued, and the division of the nail and the wrenching off of the two portions were rapidly executed. As this was finished, a moan was heard, and the patient was found to be pale and pulseless. Cold water was thrown into the face, the forehead was washed with vinegar and water, and interrupted compression was applied to the thorax, in imitation of the mechanical phenomena of respiration. At the end of some instants the patient performed some respiratory movements, without the pulse becoming anywise sensible at the wrist, or there being any return of feeling or consciousness. The

respiratory movements soon ceased, and M. Fano, opening the patient's mouth widely, passed his finger into the pharynx, tickling the uvula, and drawing forwards the base of the tongue, so as to raise the epiglottis. The movements of artificial respiration were also again practised, the patient also executing a few inspirations—neither the pulse or heart's action becoming sensible. Mouth to mouth artificial respiration was now executed, and frictions were diligently persevered in, but all in vain. The autopsy exhibited old adhesions of the lungs to the thorax, and pulmonary apoplexy.—*Gaz. des Hôp*, No. 142.

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Diphtheria.—M. Aubrun has communicated to the French Academy of Sciences a memoir on the treatment of diphtheria by the perchloride of iron, in which he claims to have cured thirty-five out of thirty-nine cases treated by it. He prescribes from twenty to forty drops of the tincture of perchloride of iron (according to age) in four ounces of cold water, and of this the patient is to take a dessertspoonful every five minutes during the day, and every quarter of an hour during the night, each dose being followed by an equal quantity of milk. He permits no other form of nourishment than milk. Generally, he says, towards the third day the false membranes begin to soften, and become detached.

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Tincture of Iodine in Acute Superficial Phlebitis.—The Russian medical journals have lately published several cases illustrative of the good results of the external employment of tincture of iodine in acute superficial phlebitis. One of the examples cited is of sufficient practical importance to merit translation: "A peasant, of robust frame, and of about thirty years of age, was attacked with pleurisy, and in consequence bled in the arm. During the evening succeeding the venesection, pain, redness, and swelling appeared both in the neighbourhood of the wound and over the surface of the limb. Five days after the bleeding, as these symptoms had progressively increased in gravity, resisting treatment, the patient was admitted into the Hospital Marie at St. Petersburg. Dr. Spoiret, author of the collection of cases, and chief medical officer of this establishment, found the whole arm enormously swollen, the skin tense and dark-red in colour; in the situation of the vein implicated was seen a broad line of a livid violet hue, to the touch feeling hard, cord-like, and pressure occasioning great pain. The swollen and discoloured track could be followed to the armpit, evidencing an inflammatory condition of the brachial vein. Violent fever was likewise present, with a hard wiry pulse, headache, thirst, and constipation. A treatment of leeching, mercurial unction, fomentations, purgation, and muriatic acid mixture, pursued for four days, proving utterly ineffectual, the fever having increased in gravity, and symptoms of purulent infection setting in, a total change was ordered in the *régime;* and whilst sedatives were administered internally, free applications of tincture of iodine, renewed every three hours, were freely made along the whole course of the inflamed vein. At the end of two days the inflammation had considerably abated; a kindly suppuration commenced, and the case did well." Although bleeding, like duelling and such other relics of barbarism, is daily becoming less and less common in England, the one yielding to the advance of science and the other to the march of civilization, and although the term "leech" is becoming daily less and less true in its application to members of our profession, still cases of phlebitis from superficial injuries in unhealthy subjects are far from being rare, and the above citation from the Russian medical *Zeitung* I deem quite worthy the attention of your readers.—*Lancet*, Dec. 22, 1860.

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Delivery of a Living Child Thirteen Months after Ovariotomy.—Mr. Geo. Risdale communicated an example of this to the Obstetrical Society of London, Dec. 5, 1860. The child was delivered when the pregnancy had advanced to the eighth month. The mother and child have gone on well. The age of the mother was forty-three years. The fact that well-authenticated cases of childbirth after ovariotomy are rare had induced the author to lay the case before the Society.—*Lancet*, Dec. 15, 1860.

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Disinfecting Fluid for Sloughing Wounds.—M. Hervieux has read a paper before the Society of the Hospitals of Paris, wherein he proves, by cases, the cleansing and disinfecting properties of chloride of lime. He advises that a sponge moistened with a solution of chloride of lime be kept on the

wound by means of a loose roller. The solution is composed of one part of the chloride to six or ten of water, according to the case; and the sponge should be charged three or four times a day. The results are described as wonderful.—*Ibid.*

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The Comparative Appreciation of Sound by Human Ears.—The sensibility of the human ear for the pitch of musical notes has been recently illustrated. M. Fessel, of Cologne, on testing the new Parisian tuning-fork, observed that he heard differently with his two ears, the note heard with his right ear being somewhat higher than that heard with his left. On examining his musical friends, he has not yet found one, even amongst part musicians, whose ears are precisely alike in the estimation of the pitch of musical notes.—*Ibid.*

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Medicine in Prussia.—The medical staff of Prussia, according to the last survey, at a population of 17,739,913 inhabitants, amounts to 358 district physicians (these are paid by government, and have to attend the poor gratis), 4327 physicians who have the degree of doctor, 996 surgeons of the first class, 643 of the second class, 1020 doctors for animals, first and second class, 1529 chemists, and 11,411 midwives.—*Ibid.*

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Anti-Tobacco Movement.—At a meeting of the British Anti-Tobacco Society, lately held in Edinburgh, Professor Miller moved the following resolution: "That as the constituent principles which tobacco contains are highly poisonous, the practices of smoking and snuffing tend in a variety of ways to injure the physical and mental constitution."

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Contemplated Proscription of Smoking in the French Schools.—It is said that a circular is about to appear from the Minister of Public Instruction, ordering the adoption in all colleges and public institutions of the severest measures against the use of tobacco and the introduction of cigars. Reports have been laid before the Minister showing that the pupils smoke from eight to ten cigars a day, and that both the physical growth and intellectual development of many of these pupils are seriously impeded.

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Climate of Malaga.—Much has been recently stated regarding the curative influence of the climate of Malaga upon disease. Some late authorities likewise assert that it is superior to many other southern localities which at present enjoy very high reputations as salubrious retreats for invalids. Without going into any lengthened medical discussion on so professional a subject, since a holiday tour is not the proper arena for such investigations, the physician who now speaks would nevertheless briefly say he very much doubts the correctness of any opinion promulgated in reference to the advantages which Malaga really possesses as a salutary residence, especially for consumptive patients. Pulmonary disease frequently prevails in the city and its vicinity, and is proved from this conclusive fact—namely, that out of 1469 deaths recently reported to have taken place during nine successive years in the general hospital, 596 fatal cases, or upwards of forty per cent., arose from pectoral maladies. If affections of such a description so frequently originate, and thereby also prove fatal in this locality, it cannot surely become sanative to those coming from other countries, especially having the germs of thoracic complaints already manifested in their constitutions. The winter may be mild compared with more northern regions, but it seems curious that the greatest amount of sickness occurs during December and January; while in summer the heat, dust, and dryness of the atmosphere, always most injurious to phthisical persons, are then nearly unbearable. In short, the climate of Malaga has been much overpraised. It cannot be recommended, like Hyères in France, or even some places in the south of Ireland and Devonshire.—*From a Physician's Holiday Tour in Spain.*

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Dr. Jas. G. Hildige on the Hofrath.—Dr. Hildige, of Dublin, has written the following letter to the editor of the *London Medical Times and Gazette.* Sir: As the ophthalmic establishment of Herr de Leuw has recently been the subject of comment in your valuable journal, and as numerous *brochures* have been from time to time published vaunting it and its proprietor to the skies, perhaps the following cases which have lately come under my observation, and which illustrate the "clear and decided diagnosis in obscure and difficult cases" of the learned Hofrath, may not be uninteresting to some of your readers.

Case 1. The wife of the Rev. Mr. ——, of Montpelier-hill, in this city, consulted Herr de Leuw some eighteen months ago. She complained of dimness of vision, dull pain in the eyeball, and intolerance of light. On examination the case was pronounced by Herr de Leuw to be cataract, and a liniment to be rubbed into brow and temple was prescribed, for the purpose of "dispersing" it. Although the Hofrath's suggestions were scrupulously carried out during two successive summers, not the slightest improvement of vision took place (which was not in accordance with the prognosis that had been given), and eventually the patient was dismissed with the advice to try her native air. She consulted me on the 20th of July last, and on examination with the ophthalmoscope I found the following appearances: Hypertrophy, with increased tortuosity, of the vessels of both retinæ. In the neighbourhood of the macula lutea the pigment was absent, and the vasa vorticosa were visible in several places, particularly immediately under the optic papilla. There was not then, nor is their now, the slightest opacity of either lens or capsule, and the lady can still read No. 6 of Jäger's test-type without glasses.

Case 2. Mrs. ——, of Westmeath (sister of the above), called on me at the commencement of last summer, and stated that she was *en route* to Graefrath to have her cataract dispersed; both eyes were affected with incipient cataract. As I informed her, in reply to her questions, that I was unable to remove cataract by means of external applications, she continued her journey to Graefrath, where she passed the summer, rubbing in the liniment prescribed for her. She has recently returned to Ireland with both cataracts almost completely formed, notwithstanding Herr de Leuw's assertion that her eyes would "become good" without an operation.

Case 3. The lady of Alexander ———, Esq., J. P., of this city, consulted Herr de Leuw about ten months ago, suffering from incipient cataract of both eyes. The usual liniment was prescribed for her, and she was assured that her eyes would get better without an operation. She remained four months under treatment at Graefrath, leaving it blinder than ever, and one of her cataracts perfectly formed, was extracted by me no later than ten days ago.

With regard to "the distinguished Viennese oculist, who formerly disbelieved the possibility of cataract being absorbed and who has lately, in an appendix to his work, admitted its practicability," I would venture to offer a remark. The latest works on Ophthalmic Medicine emanating from Vienna, are by Professors Arlt, Edward Jäger, and Stellwag. During a ten months' residence in Vienna I had frequent opportunities of conversing with those gentlemen on the subject of dispersing cataract by means of medicines, employed externally or internally, and they one and all assured me that they considered the idea chimerical and absurd in the highest degree. Since reading Dr. Lee's article I have carefully looked over the most recent publications of those gentlemen, and I must say I cannot find any statement which would lead me to suppose that they have changed their opinions.

The "secret" of the palm-oil liniment is now becoming so universally know among ophthalmic surgeons, that any further attempt at secrecy on the part of the Hofrath is simply ridiculous.

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Prizes of the French Academy for 1860.—We find in the *procès verbal* of the French Academy of Medicine the following instructive reports on the prizes which have been offered for 1860. For the prize of the Academy, 1000 francs—on the question. As to the best Means of avoiding Accidents from Chloroform—five memoirs were sent in by competitors; no prize given, but M. Faure is encouraged by a sum of 600 francs. For Baron Portal's prize of 600 francs, on Vascular Obstructions in the Circulatory System of the Lungs, one memoir was presented; the said memoir was not adjudged worthy of the prize, but its authors, Drs. Charcot and Benjamin Ball, were presented with 600 francs. Next comes the prize of Madame Bernard de Civrieux; the subject, The Influence of Chloro-Anæmia on Nervous Excitement; value 2100 francs. For this prize sixteen athletes struggled; but, alas! still in vain. The Academy could adjudge the prize to none of them. But still it recompenses the struggles of the competition, by decreeing to Dr. Simon 900 francs, to Dr. Mordret 900 francs, and to Dr. Zurkowski 600 francs, and it also makes honourable mention of four others. Baron Barbier's prize of 2000 francs elicits two MS. and three printed memoirs; but, not one of the authors having fulfilled the pre-

scribed conditions, they are summarily dismissed from consideration, "without any kind of recompense." At last we arrive at a successful candidate, Dr. Semelaigne, who carries off the triennial prize of 1500 francs of Dr. Lefèvre; his subject being, The Di agnosis and Treatment of Melancholy. One of M. Capuron's prizes of 1000 francs is carried off, but the other not. M. Orfila's prize, on the subject of Poisonous Fungi, elicits two memoirs, but their authors get neither prize nor encouragement. If we might draw any conclusion from the above rather remarkable facts, it would be this—that men cannot work at science by the piece or yard, and do things to order with great *éclat*. Men's genius finds its own particular bent, and operates most effectually in that one direction. Might we not, therefore, venture to suggest that prizes would be more wisely given if distributed to those who, working *con amore*, at their own selected subject, have produced a work useful to the science of medicine?—*Med. Times and Gaz.*, Dec. 22, 1860.

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Spiritualism. — What is spiritualism? We presume the apostles of this ancient delusion, by way of making good its claims to a rank amongst sciences, will reply, What is gravitation? We do not know gravitation in its essence; we can but observe and reason upon its phenomena. Well, then, what are the phenomena of spiritualism? The most remarkable are table-rapping, table-moving, and clairvoyance. Odd people, having abundance of faith—for we shall presently see that unquestioning credulity is the indispensable condition for appreciating these phenomena—affirm (and we do not doubt their word) that they hear tables rapped, and see them pirouttе and dance, but do not see the rapper or the mysterious ballet-master. This is what they see and what they do not see. But they are not content with the enjoyment of witnessing these feats of legerdemain. They must needs bring minds ignorant of physical science, and unskilled in the analysis of evidence, to the unequal task of accounting for and deciding upon the nature of the invisible forces which rap tables and make them jump. And, still more strange, they confidently relate their conclusions—the mental deductions by which they arrive at the opinion that no physical agency was at work in producing the only phenomena of which their senses were conscious—namely, the rapping and the dancing—as a fact of their own personal *experience!* "Sir! do you presume to insult me by saying I didn't see the table dance, and by doubting my word when I tell you that nobody moved it or could move it?" This is the indignant logic of the spiritualist. He confounds what he sees with what he cannot see and only infers, and relates the jumble as unquestionable experience. Formulized, the spiritual proposition is this: The table was seen to dance; tables do not dance unless some compelling power, physical or spiritual, be applied to them; no physical power could be detected in action by the observer; therefore the moving power was spiritual. *Q. E. D.* The weak point in this argument is, that it does not follow, because one observer, or a dozen, or a hundred, failed to detect a physical power operating upon the table, therefore no such power was applied. Other persons more acute might have detected it. Moreover, we cannot be expected to surrender, at the hot summons of a few score of purblind enthusiasts, the long experience we possess of the physical laws of the universe. Experiment and observation have long taught mankind that motion is the result of physical force. We can, by setting in action various modifications of physical force which are at our command, produce a great variety of motions. We have no example, except in the apocryphal experiences of the spiritualists, of any power that is not physical producing motion. We know of no kind of motion that cannot be satisfactorily explained by the action of physical forces. We are not, therefore, placed under the smallest necessity of seeking beyond these for the cause of motion. The universe is obedient to physical forces. If spiritual forces could be supposed to operate anywhere, it would surely be in those ethereal regions of space far beyond the reach of this gross material earth. Not many years ago, two profound philosophers sitting in their cabinets, one at Cambridge, the other in Paris, announced to the world that if the heavens were searched in a point they exactly indicated, a new planet, hitherto unknown and unsuspected by astronomers, would be discovered. Neither pretended to have seen the planet; it was known that they had taken no means to see it; all they said was, Let those look who have telescopes, and there they will see the planet.

Astronomers looked, and with admiring awe beheld. Now suppose that astronomers were credulous spiritualists, and that Adams and Leverrier had chosen to suppress the methods by which they had mentally discovered their planet, with what assurance might not these sagacious mathematicians have pretended to a gift of clairvoyance, which had enabled them from their closets, through millions of miles, to see with the soul's eye that orb hidden to ordinary mortals, and even beyond the ken of their own material senses? Has clairvoyance any feat to record comparable to this? The most cunning medium soars no higher than to read blindfold; to look into your chest or your stomach; to tell you what is passing in some distant spot; and, perhaps, to call up the spirit of Shakspeare and consult him upon any foolish matter that may be propounded. Their revelations must be accepted as they are uttered; for you have no opportunity, like the astronomers, of verifying the truth or falsity of what they say. There may be an ugly ulcer in your stomach, but you don't feel disposed to submit to vivisection in order to convince the bystanders. And when put to a test that does admit of verification, the medium fails. These gentry avowedly practise their art, and maintain their *rapports* with the world of spirits, for pecuniary motives. They live by their profession. Yet if you inclose a bank note, which they would willingly clutch, in an envelope with proper precautions, they cannot tell you the number, although they might have it for the information. In the emergency they call their familiars from the vasty deep, but the spirits will not come, and your bank-note is safe. The late Sir Philip Crampton deposited a sealed note for £100 for a whole year in a bank at Dublin as a reward to the medium that should reveal the number. He had hundreds of guesses, but no true revelation. The year passed, and the worthy baronet's balance was not diminished. In these days of political convulsions, any man might make an easy fortune if he could but anticipate the electric wires, and learn what was going on abroad. But no such fortunes are made by unhappy mediums. The poor creatures are fain to be content with eleemosynary half crowns extorted from *gobe-mouches* for telling them most absurd and unprofitable things. Their conduct in this respect, indeed, is a miracle even greater than table-moving. If we exclude the hypothesis of imposture, then we must regard mediums as exemplars of such transcendental virtue as the world has never seen. They are eager to clutch half-crowns as fees for the exhibition of trumpery tricks, and at the same time practise the sublime of self-denial, by remaining poor whilst possessing the means to compass fabulous wealth and boundless power.

There is one transparent proof of imposture or hallucination; the utter barrenness and uselessness of all these degrading superstitions. What good does it do to make a table dance? It is not the proper function of a table. At sea, lest tables should indulge in inconvenient vagaries of this kind, they are lashed to the decks. Of what use is it to know what Shakspeare's ghost thinks upon a given question in history or morals? Why pay a medium to be told what is contained in a sealed envelope, when you have but to break the seal and know with absolute certainty? Your medium is impotent to see more than other men where the question is to benefit himself or society. Not a fact, not a discovery, do we owe to the brotherhood of visionaries. Can they who can read with the umbilicus, see through a mahogany door, and converse with spirits, tell us who is the murderer of that poor child at Road? Or is this an example of murder by spiritual forces? No one saw the deed done; no physical agent can be detected. Therefore some spirit did it. The spirit that can make a table leap, can cut a throat. Is not the logic perfect? Now, since mediums are spirit-compelling, let one of them place himself *en rapport* with the immaterial criminal, and put an end to that incubus of mystery that oppresses and appals the public mind. We are far from wishing to suggest that mediums will constrain their familiars to commit murder as well as to move tables. But does it not strike well-meaning clergymen and others who patronize the spiritual delusion, that if one thing is possible so is the other; and that to promulgate the theory that material acts can be done by immaterial agents, is to complicate very seriously the rules of evidence, and to endanger those laws upon which the safety of society reposes? We do not, indeed, apprehend any such result, because a preliminary condition is that the majority of the world shall sink to the degraded intellectual level of the believer in spiritualism. But certainly the result we have alluded to must follow, if the

ravings of clairvoyance were generally accepted as demonstrated truths of nature.

We have adverted to this subject with a reluctance that amounts to loathing. It is a lamentable task to be called upon to notice seriously a moral epidemic, even upon a limited scale, which implies such an utter defect of reasoning power—such debasing superstition; and that, too, in men and women who claim to belong to the educated classes. In our self-conceit, we deplore the ignorance of our forefathers who hanged and drowned witches. But wherein lies the difference between the witches of old and the mediums of to-day? They do the same things, by similar pretended agency, and what they do is of equal value to society. We do not propose to hang mediums; but in the name of common sense, and for the credit of the nineteenth century, let them starve or find an honest livelihood.—*Lancet*, Oct. 20, 1860.

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Hôpital du Midi.—M. Cullerier has been appointed the successor to M. Ricord at this Hospital.

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British Medical Journal.—Dr. Andrew Wynter, who has edited this journal with so much ability during the past three years, has resigned, finding it impossible to please two thousand proprietors, the members of the association. Dr. Markham has been elected editor in his place. Dr. M. must be a courageous man to accept the appointment, which is little likely to prove a bed of roses.

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Professors of the Faculty of Medicine of Paris.—The following is a list of the various professors of the Paris faculty for 1860-61: Medical Physics, Gavarret; Medical Pathology, Guillot; Operations and Apparatus, Malgaigne; Medical Chemistry, Würtz; Anatomy, Jarjavy; General Pathology and Therapeutics, Chauffard, as substitute for Andral; Surgical Pathology, Denonvilliers; Medical Clinic, Bouillaud, Piorry, and Rostan; Surgical Clinic, Laugier, Jobert, Velpeau, and Nélaton; Obstetric Clinic, Paul Dubois.

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French Medical Students, Session 1860-61. The inscriptions for 1860-61 amount to 1196—viz., 1132 for the Doctorate, and 64 for the lower grade of *Officier de Santé*. In 1859–60 the inscriptions amounted to 988.

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Longevity of Paupers.—There are at present in the Ratcliff and Wapping Workhouses of the Stepney Union 69 inmates whose collective ages amount to 5538 years, giving an average of 80 years for each inmate, and 292 persons in the above-named Workhouses of the Stepney Union whose average ages are 70.—*Med. Times and Gaz.*, Dec. 1, 1860.

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Spontaneous Generation.—M. Pasteur, the untiring antagonist of M. Pouchet, has recently made a communication to the French Academy of Sciences, which seems to completely overthrow the theories of the latter physiologist. M. Pasteur's experiment tends to establish that the air is certainly, under ordinary conditions, full of the germs of those entities which M Pouchet supposed to be produced by spontaneous generation, and that the number of these germs contained in the atmosphere diminishes in a regular proportion on rising above the sea level. Thus, for example, the air taken on the heights of the Jura contained few if any germs; that of the plain below the chain of mountains being rich in the usual atmospheric corpuscles.

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Lunacy in Belgium.—Belgium possesses 51 establishments for the insane—6 in the province of Antwerp, 11 in Brabant, 6 in West Flanders, 16 in East Flanders, 6 in Hainault, 4 in Liege, and 2 in Limbourg. The kingdom reckons 4,907 insane out of its 4,500,000 inhabitants, or 1 in every 920.

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Obituary Record.—Died on the 27th of Dec., 1860, Edward Rigby, M. D., President of the Obstetrical Society of London, aged 56 years. Dr. R. was one of the most eminent, skilful, and highly esteemed obstetricians of London.

——Dec. 1, of endocarditis, Dr. Francois Broussais, last surviving son of the celebrated Broussais, and himself an author of many valuable articles in the medical journals.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Umbilical Scirrhus.—A woman, aged 60, recently entered M. NÉLATON's Clinique, and furnished him with an opportunity of describing an affection which, though undescribed in books, it is of importance to recognize in practice. Having a tolerably healthy appearance, she presented in the umbilical region, opposite the navel itself, a small globular and pretty regular tumour, having a diameter of about 2½ centimètres, and surrounded by a circular furrow. The skin covering the tumour was violaceous and adherent, but the parts beyond the furrow were quite healthy. Mr. Nélaton indicated that the tumour was not superficial, as on cursory examination it seemed to be—for in all similar cases he had found a pedicle stretching more or less deeply inwards. Originating in the cicatricial tissue, it is usually propagated along the umbilical fibrous tissue to the peritoneum, just as though it were a nail inplanted in the substance of the abdominal wall, its globular, external part representing the head, while the point stretches towards the peritoneum. These tumours are scirrhous in their nature, but their entire removal endangers the peritoneum. In some subjects the tumour assumes another disposition, the pedicle, having reached the inner side of the abdominal wall, expanding and invading the subperitoneal and peritoneal tissues. There is, therefore, in such an expansion at each extremity of the stalk of the tumour, a subcutaneous and a subperitoneal expansion—the shape of the whole resembling that of a shirt-stud, the contracted portion of which would correspond to the navel. At first M. Nélaton believed

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that the woman presented an example of this variety of the tumour, as a deep-seated induration was perceptible. A more detailed examination proved that this was due to a voluminous fibrous tumour occupying the fundus of the uterus, the existence of which the patient was not aware of. M. Nélaton determined that he would undertake no operation in this case. In the first place, the complete removal of the pedicle of these tumours, owing to their close connection with the peritoneum, is a hazardous procedure; and in all former attempts at ablation he has had to make the excision of the tumour amid the cancerous tissue itself. Next, experience has taught him that the progress of this description of cancer is extremely slow, it being essentially chronic, while it exerts no contaminating influence upon the neighbouring parts or upon the general economy. Another practical observation upon abstaining from interference was made by M. Nélaton in relation to the uterine tumour. As long as the woman continued to menstruate she had very frequently suffered from hemorrhages, but these had ceased since the menopausis had taken place. She was thus rid of that which constitutes the chief danger of these fibrous bodies. It is, then, of importance to bear in mind that the cessation of the menses is accompanied by the cessation of the hemorrhage, and even of the pains symptomatic of the presence of fibrous tumours of the uterus; but then it is to be also remembered that the menopausis does not take place until a much later period than is the case in women in good health.—*Gazette des Hôpitaux*, No. 74, 1860.

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Maisonneuve's Extemporaneous Ligature.—A man presented himself in May last at the Pitié Hospital with a malignant tumour of the verge of the anus, of the size of a fist, which penetrated into the interior of the bowel for one inch and a half. This being the second recurrence of the growth, M. Maisonneuve resolved to remove it by the extemporaneous ligature, which operation was performed as follows: The skin around the tumour was first incised to the depth of the cellular tissue. Seven threads were then passed through the tumour, on a level with the line of incision, at intervals of half an inch, one end of each thread coming out at the anal orifice. Each of these threads was then used to draw round the tumour a number of loops of very strong twine. The mass was thus surrounded by a series of loops, the double ends of which were passed into as many constrictors. By twisting the latter, the loops divided the soft part, which they embraced without causing any hemorrhage. The wound left after the ablation of the tumour was dressed with simple applications; and when the patient was freed from the fecal incontinence which followed the great loss of substance of the lower end of the rectum, the wound healed favourably, and the patient soon left the hospital. This mode of using a series of twine écraseurs has some analogy with the method, often practised in this country, of strangulating a tumour subcutaneously.—*Lancet*, Jan. 26, 1861.

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Muscular Atrophy following Acute Rheumatism.—E. S., a single woman, was first admitted as an out-patient of Westminster Hospital, under the care of Dr. Anstie, about September 20, 1860. She had formerly been a servant, and had enjoyed excellent health until about three months before the date of her application to the hospital, when she had a severe attack of acute rhematism, which affected all the large joints. She recovered well enough from this, except that a considerable pain and a great sense of numbness and weakness of the left wrist and hand persisted. She soon found that the thumb of the affected hand had lost its opposing power, and that the ball of the thumb was wasting. The wasting progressed rapidly, and, as the thumb continued powerless, she applied for relief.

On being first seen she presented the general aspect of health: was of clear complexion and healthy colour, and tolerably stout. No complaint whatever was made by her, except as to the left wrist and hand. The hand and wrist were constantly very cold—not merely to her own sensations, but in actual temperature—and of a livid colour. Common sensibility in the surface was much reduced; but, at the same time, there was constant aching pain, which at times, but not often, extended up the whole forearm, not, however, following the track of any single nerve. Anything which for a time raised the temperature of the part, such as long-continued friction, also temporarily alleviated the pain. The wasting of the muscles of the ball of the thumb was

complete, there being absolutely no thenar eminence at all. The extremity of the thumb was also slightly flattened, and the flexor tendons seemed a little shrunken. The sensation of cold and numbness extended to the whole hand, which was slightly weak; the opposing power of the thumb was quite gone. There was no particular tendency of the wrist-joint, nor could any be traced in the course of either median or ulnar nerve. The pulse of the left wrist seemed somewhat weaker than that of the right.

The most careful inquiries could elicit nothing whatever to account for this curious condition. No history whatever of any exposure to the influence of lead, nor any signs of its presence in the body could be traced. There was no history of any injury to the arm, nor could any tumour or other source of pressure on a nerve or vessel be discovered.

The case was from the first, of course, a very unpromising one. There seemed absolutely nothing to be done in the way of treatment except to put in force various measures to increase the constant circulation of the part. Long-continued friction, with the use of stimulating applications seemed to do no permanent good whatever. The patient tried a variety of these measures, combined with the use of steel medicine, in vain, and at last it was determined to admit her into the house so as to have her more constantly under observation.

On November 15 she was admitted under Dr. Anstie's care. She was ordered to keep the hand and arm immersed in water of as high a temperature as she could bear for half an hour every night and morning (holding the arm *dependent*) and to follow every such bath with friction and passive movements, continued for a long time. This plan was persevered in for more than a month, during which time, unfortunately, a slight recurrence of general rheumatism took place which had to be combated by alkalies, iodide of potassium, and subsequently quinine. (This new attack of rheumatism did not involve the weakened hand.) No good result following this long continuance of the local hot bath, and it was then determined to try the effect of the instrument known as "Junod's boot," which by inclosing the paralyzed extremity in a chamber exhausted of air, causes a great flow of blood to the part, which can be kept up so long as the apparatus remains on. For the first two days the instrument was kept on three hours at a time, but this produced no effect, the limb did not even get sensibly warmer, although it seemed highly congested. After this the boot was allowed to remain on ten hours at a time, and the effect of this prolonged application was to greatly relieve the pain and numbness, and to induce a feeling of comfortable warmth and perspiration, which lasted all the following night. From this time forward for ten days the application of the boot was continued for ten hours each day; but at the end of that time not the slightest advance was found to have been made as regards the restoration of the atrophied muscles, and there was still a complete absence of power to perform the motions of abduction, opposition, flexion of the first phalanx, or adduction of the thumb. All the muscles of the ball of the thumb seemed to be wasted past the hope of recovery, consisting apparently of mere thin layers of fibrous tissue. The case was given up as hopeless, and the patient dismissed.

Dr. Anstie remarked that it was curious that in this case all the four muscles of the thenar eminence should have wasted. Considering that their nervous supply is derived from two sources, the median and ulnar, the theory of pressure on a nerve by some rheumatic deposit is insufficient to account for the atrophy; nor can we explain this by any amount of obliteration of vessels which we can imagine possible as a consequence of the rheumatic affection. And yet the tendency to waste is so strictly localized to these particular muscles, and is so entirely absent in other parts of the muscular system of the patient that it seems incomprehensible as a mere result of general rheumatic poisoning. With regard to the treatment adopted, it may be noticed that iodide of potassium was taken for nearly three weeks in pretty full doses without producing the slightest benefit. Various stimulants to the muscles were at first employed, though not the sulphuret of potassium which Dr. Ramskill recommends. Electricity seemed entirely contra indicated, and indeed would probably have only increased the mischief, if that were possible, by exhausting the small remaining contractile power which might still linger in the wasted muscles. And, finally, the ill success of the "congestive" treatment, which is often found so useful in the restoration of

atrophied muscles, affords an illustration of the truth of Virchow's remark, that "the greater or less quantity of blood which flows through a part is not to be regarded as the only cause of the changes in its nutrition," and that, "we cannot, by offering a larger quantity of nutritive material, *compel* a part to take up more than it did."—*Med. Times and Gaz.*, Feb. 2, 1861.

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Reduction of Hernia, assisted by placing the patient on his head.—J. F., aged 49, was admitted into King's College Hospital, under the care of Mr. Bowman, January 9, 1861, at six A. M., with a large inguinal rupture on the right side. He stated that the hernia had existed twenty years, and that he had always worn a truss during the day. He said that two years ago the hernia came down, and not being able to reduce it himself, he applied at a London Hospital, where taxis was applied, and at the end of an hour and a half was successful. The history of the present strangulation was that on waking at four A. M. he discovered that the rupture was down, and failing to reduce it himself after prolonged attempts, he at once proceeded, with great difficulty, to the hospital.

On admission there was a large inguinal hernia of the right side, firm and irreducible. There was also a much smaller inguinal hernia on the left side. Taxis was immediately applied, first without and then with the aid of chloroform for about twenty minutes, but it was unavailing. He was then placed in bed, the thighs flexed, and a bladder of ice applied over the swelling.

At nine A. M. Mr. Bowman saw the patient. He had vomited bilious fluid, and was shivering violently, with great anxiety of countenance. The swelling was somewhat more tense, and apparently not yielding the least to attempts at taxis when the patient was on his back with his thighs fixed. It seemed advisable to proceed at once to an operation; but before doing so, Mr. Bowman determined to try the plan lately advocated, viz, placing the patient on his head and shoulders, the pelvis being raised and in a vertical position. The tumour had not been compressed between the hands for more than half a minute, before a portion of gut suddenly receded, reducing the tumour to three-quarters of its bulk; but although further attempts to reduce it were continued three or four minutes longer, they failed while he was in this position. It was, however, completely reduced soon after by the ordinary method of taxis.

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Injury to the Eyeball.—A man aged forty-five was admitted into the Royal Westminster Ophthalmic Hospital, under the care of Mr. Jabez Hogg, Nov. 2d. On the morning of admission he received a violent blow over the left eye from a heavy harness strap and buckle. Upon examination it was found that the anterior chamber was nearly filled with blood, the pupil dilated to the fullest extent, and motionless. Could not distinguish daylight; was suffering much from the pain and photophobia. Mr. Hogg decided upon division of the ciliary muscle, and at the same time to cautiously open into the anterior chamber, to evacuate the blood, and thus relieve the pressure upon the iris. The operation answered the purpose admirably; in a few hours all the pain had subsided. The next day all the blood had disappeared, and on the second day he was discharged, his sight having been completely restored, no distortion whatever of the pupil remaining.—*Lancet*, Feb. 2, 1861.

LECTURE.

Clinical Lecture on the Diagnosis of Tumours of the Breast.—Delivered at University College Hospital, by JOHN ERICHSEN, Esq., Professor of Surgery and of Clinical Surgery. GENTLEMEN: in my lecture last week,[1] I brought under your observation the subject of the diagnosis of various forms of abscess of the female breast from cancer of that organ; and to-day I shall continue the same subject in connection with cystic and adenoid tumours.

These cystic growths, though not so common as cancer and the other solid tumours, are yet of by no means infrequent occurrence. They are of three distinct kinds: 1. Those in which the tumour consists of a single unilocular cyst; 2. Those which consist of several independent cysts aggregated together into one tumour—multilocular cysts; 3. Those in which a series of small cysts are diffused through a fibrous or hypertrophied mass; in fact, a combination of cysts with a chronic mammary tumour. Two theories

[1] See No. of News for Nov. last, p. 165.

are in vogue as to the origin of this form of cystic development. According to one set of pathologists, it is produced by the obstruction and subsequent dilatation of a lacteal duct. But this theory, I think, is weak: from the fact of our not being able to trace one of these ducts into the cyst; from the fact that the fluid contained in these cysts shows no trace of lacteal origin; and from the fact that such cysts are met with elsewhere, in places where no lacteal duct previously existed. The other theory is, that these cysts are entirely new formation; and this, partly for the reasons before mentioned, and partly because these cysts closely resemble those met with in other secretory glands, both as to structure and contents, appears to me to be the more tenable of the two.

These tumours, I must premise, whether unilocular, multilocular, or consisting of cysts diffused in a mass of fibrous or hypertrophied gland tissue, are always composed of thin walls, formed of condensed cellular tissue, and containing in their interior a fluid variable in amount and character; being in one serous, in another glairy, in a third bloody; it is very commonly of a light straw colour, not unfrequently it is brown, and sometimes sanguineous, but these differences are accidental and of no importance.

We will now consider the diagnosis of these cystic growths from cancerous and other solid tumours of the breast. And, first, with regard to the unilocular cyst: this is the most common form, and occurs generally in women at what one might call the "cancerous age," viz., forty-five to fifty; it is frequently referred to pressure, or to a blow on the part, or it may be connected with uterine disturbance at the period or the cessation of the menses. Thus so far as the age and proximate cause are concerned, the history throws comparatively little light on the subject, and the diagnosis has therefore to be made entirely by palpation and examination of the tumour. Now you can easily conceive that, depending only on manipulation to form a correct judgment of the nature of the tumour, the surgeon may be exceedingly liable to form an erroneous opinion. I could relate to you many cases in which error of diagnosis has occurred, but I will confine myself to a few of the more illustrative.

I was requested some time ago, by my friend, Mr. Walter Wilson, to see a married lady, aged, 45, who had in the right breast a tumour of about the size of an apple, hard and painful on pressure. This, she said, had been diagnosed as a fibrous tumour by a surgeon in the country, who had recommended her to come to London and have it removed. On examining the tumour, I suspected it to be a cyst. It had not the stony hardness of a solid tumour, but felt obscurely elastic on deep pressure. Acting on this supposition, I introduced an exploring trocar and let out about two ounces of dark serous fluid; the cyst never refilled, and the patient went home perfectly cured.

I was requested one day to see an unmarried lady, aged 44. On going to the house, I found her bathed in tears, and her sisters in great distress around her. I was told she had a tumour of the breast, which had been pronounced to be a cancer. On examination, I found a tumour in the right mamma, about as large as a pigeon's egg. It had been noticed about fourteen months previously, and the patient had been under both medical and surgical treatment for it. It was rounded, circumscribed, situated at the outer and upper part of the gland, hard but smooth, and not heavy to the feel. On close manipulation, I felt some elasticity. I told the patient that I did not think it was a cancer, but a cyst, and that if I punctured it and drew off the fluid contained within it she would probably have no further trouble. She then informed me that she had seen an eminent surgeon, who had pronounced it to be cancer; had explained that an operation was necessary; that the whole of the breast must be removed, and had fixed an early day for its performance. I requested to meet this gentleman, but this was refused by the patient and her friends; and as the opinions expressed differed so widely, it was agreed that she should have the benefit of Sir B. Brodie's opinion. That distinguished surgeon saw the case with me the next day, and, he having acquiesced in the opinion I had expressed, I tapped the cyst, and let out about an ounce and a half of yellowish serous fluid. The tumour collapsed, all idea of operation was abandoned, and the patient has continued well up to the present time.

I saw the other day a very similar case. It was at of an unmarried lady, aged 48, who had for about twelve months a tumour the left breast, which had gradu-

ally increased in size, until it had attained about the magnitude of a Tangerine orange. It was hard, circumscribed, situated at the axillary border of the gland; it had also been pronounced to be scirrhus. But, suspecting from its elasticity that it was cystic, I punctured it with an exploring trocar, and drew off about ten drachms of clear fluid, causing the immediate subsidence of the tumour.

Now here were three cases of simple cystic or fluid tumour of the breast, which had erroneously been pronounced to be solid, and which would have been submitted to amputation of the mamma if the mistake had not been discovered in time. It is of very great consequence, therefore, to be cautious in these cases in pronouncing a definite opinion, and to neglect no means in perfecting your diagnosis. How is this to be done? As I have already stated, the history very often throws no light on the nature of these cases. Cysts occur at the same age and among the same class of people as cancer of the breast, but there is one circumstance of great importance to which you must always attend, and that is the presence or absence of *elasticity*. This last character may be said to be the great diagnostic point between these tumours and cancer; and whenever you feel, or even suspect, elasticity, you ought to introduce an exploring trocar. If the tumour is cystic, the fluid escapes, and you probably hear no more of the case. But if, on the contrary, it is solid, a drop or two of blood only oozes out, the puncture soon closes, and no harm is done. In making this puncture, there is one little point to be attended to, and that is, if you use an exploring needle, take care to push it straight in, and not to make the puncture in any way valvular; for if you do, the fluid may not escape, and thus a serious mistake may arise; it is, however, far better in all cases to use the exploring trocar in preference to the grooved needle.

If this little operation—tapping—does not procure the closure of the cyst, you must resort to other measures, such as injecting it with iodine, introducing a seton, or, if these fail, excision of a piece of the cyst-wall. But you will generally find that tapping and the subsequent use of iodine lotions will suffice to effect a cure.

The next kind of cyst—the *multilocular*—is more difficult to diagnose than the unilocular; firstly, because it is generally seated deeply in or beneath the gland, while the unilocular occurs chiefly at the border or anterior surface, and because there is not so much fluctuation, owing to the fluid being divided among several cysts. But yet there is that never failing sign of cystic disease—elasticity. You will find, however, that there often exists a good deal of condensed fibrous matter round about these tumours, and hence the removal of the whole gland may be required, the extirpation of the cysts alone being impossible. One reason why cyst-tumours are often so difficult to diagnose as such, is that they are often associated with cancer. There great difficulty exists, especially in the early stage; and these cases are exceedingly liable to be confounded with cystic sarcoma, and indeed in some cases you cannot make your diagnosis until the tumour is removed, and then only by a careful microscopic examination.

A woman, aged 45, was admitted into this hospital with a tumour of the size of an orange, situated in the right mamma deeply over the pectoral muscle. It had existed for about five years, was not adherent to the skin, and there were several cysts of the size of plums. At the upper part of the mass, which could be felt through the lately mucous covering, the nipple was not retracted; there was only one slightly enlarged gland in the axilla. Now, here were all the characters of a "cystic sarcoma"—slow growth, no adhesions, cysts, and no material glandular implication; and yet, after the removal of the breast, the microscope revealed the tumour to be distinctly and decidedly cancerous.

You will sometimes find that tumours of a mixed, possibly a semimalignant character, occur with cysts, and give rise to great difficulty in the diagnosis of their exact nature, and render it impossible for you to pronounce with certainty whether they are benign or malignant. The following is a case of this kind.

An unmarried lady, 40 years of age, and in excellent health, was sent up to me by my friend Mr. Tuxford, of Boston, last November, with a tumour of the right breast, which, without assignable cause, had commenced growing about five years and a half ago; it increased slowly until it had attained the size of an orange about

two years since, but afterwards much more rapidly, until at last it reached the size of an adult's head. The skin covering it was not reddened, and, though thinned, was neither adherent nor infiltrated. There was no pain at night, or after handling it; and no enlarged glands could be felt in its neighbourhood. The superficial veins were much enlarged over the tumour, and a good sized artery was felt to pulsate over its upper part. It was elastic, lobulated; and a large mass, of a cystic character, projected from its anterior surface. There were no adhesions between it and the pectorals, or to the skin. The operation was performed on November 10th. On removal, I found that the tumour weighed ninety-six ounces, and consisted of large encapsuled masses, of a dull gray or brown colour. On section, it was solid in parts, and infiltrated with a gelatinous fluid; in others, there were large cysts, containing several ounces each of dark stringy mucoid fluid. Dr. Harley, who examined it, pronounced it to be colloid. There were also masses of fibro-plastic deposit in some parts.

Now here was a case that approached closely to malignancy in its local characteristics, without any constitutional symptoms of cachexy; and which presents an appearance on examination that renders it doubtful whether it may or may not yet recur.

The next class of cases to which I would direct your attention are the chronic mammary or adenoid tumours. These are of exceedingly common occurrence; and there are two or three conditions with which they are often associated, the knowledge of which materially assists the surgeon in his diagnosis. 1. With regard to the age, they generally occur before the cancerous age, in early womanhood, between the ages of 18 and 25. 2. They are almost invariably slow in their progress. 3. They are lobulated, distinct, non-adherent to the skin or pectorals, and circumscribed. 4. There is no cachexy or glandular enlargement; and, in fact, they appear to be quite local and benign. There is usually no cause to which they can be assigned; but I believe that they frequently occur in young women of nervous temperament, and are commonly associated with uterine disturbance of some kind. The chief diagnostic points are, therefore, the age of the patient, the slowness of growth of the tumour, and the perfect freedom from constitutional symptoms; but yet any one of these conditions may be present in cases of undoubted cancer of the mamma.

Scirrhus very rarely occurs at the early period at which the adenoid tumour is common; but yet it is occasionally met with in young women. Some years ago, I removed in this hospital a tumour from the right breast of an unmarried female aged 23. It was as large as a small flattened orange, was hard, nodulated, but not adherent to the skin. There was no retraction of the nipple, and it had been growing for about eight months. No cause could be assigned for its appearance, and it was supposed to be adenoid. However, on account of the large size of the tumour, as compared with that of the somewhat atrophied mamma, I removed the whole of the breast, together with the tumour; and it was well that I did so; for, on microscopic examination, it was found to be scirrhus. The patient subsequently married; and when I last heard of her, two years after the operation, she was in good health. Now, here is a case in which cancer occurred within the period usually assigned to chronic mammary tumour; and hence you cannot rely altogether on the age of the patient as a means of diagnosis.

Next, with regard to the slowness of growth: although it is an undeniable fact that benign tumours usually grow slowly, and that rapidity of growth is generally a sign of malignancy of action, yet this rule must also be taken with exceptions, as in the following case.

Last June, I was requested to see an unmarried lady, aged 40, of a nervous sanguineous temperament, who had been in bad health for many years, suffering from uterine disturbance, dyspepsia, and latterly from pulmonary symptoms. At the age of 18—that is, twenty-two years previous to my advice being sought—she noticed for the first time a small tumour in her left breast; this continued perfectly stationary, and about the size of a pigeon's egg, until last February, when it for the first time became painful, and began rapidly to enlarge. Being at this time in Italy for the benefit of her health, this lady saw two distinguished Roman surgeons, who, after careful examination and exploratory punctures, pronounced the tumour to be "myeloid," and recommended extirpation of the mamma. The patient, however, preferred to return

to England, and have the operation performed here. On her way home, she saw Velpeau in Paris, who, with great accuracy of diagnosis, pronounced the tumour to be "benign," and gave her a written statement to that effect. When I saw her, on her return to this country, in June last, I found a tumour of the left mamma, perfectly mobile, firm, solid, and inelastic; it had attained the size of an adult's head, and it was rapidly increasing. There was no glandular enlargement in the axilla; the skin was thinned and reopened, but not adherent; the superficial vessels were much enlarged, a tortuous network of veins and one or two large arteries running over the tumour. There was no constitutional cachexy; but the patient's health and strength were at the lowest ebb, from general and long standing constitutional derangement; and she could not sleep at night, not so much from pain (which, however, was constant, and at times very severe), as from the constant anxiety of mind which the presence of the growth produced. Sir B. Brodie and Dr. Walshe, who saw the case in consultation with me, both agreed that it was probably benign, but that no operation was practicable until the patient's state of health was improved. However, by attention to diet, and by being put on a proper plan of treatment, this was so much ameliorated that, in July last, I was enabled, with the assistance of Mr. Marshall and Dr. Cowan, of Glasgow, to perform the operation for its removal. This was attended by no difficulty, and by very little hemorrhage, notwithstanding the size of the tumour, which weighed rather more than five pounds. The patient made an excellent recovery, and was able to leave town in less than three weeks. On examination after removal, the tumour was found to be lobulated on its surface. The section showed it to be homogeneous, and of a uniform grayish colour, with no soft points or cysts, but distinctly and firmly encephalous. Dr. Harley, who examined it microscopically, found it to be a specimen of the chronic mammary tumour of Sir Astley Cooper. In the plastic matter taken from different lobules, examples of the glandular tissue were found. Some of the blind tubes were remarkably distinct, and well filled with cells. There was no trace of cancer.

Now here was a tumour which, after remaining of small size and stationary for more than twenty years, suddenly, and without obvious cause, began rapidly to increase; so much so that, in less than six months, it had increased in size from that of a pigeon's egg to the magnitude of a mass weighing more than four pounds. Here was extreme rapidity of growth, without malignancy of character. In fact, this extreme rapidity of growth resembled rather what is not unfrequently found in encephaloid disease, than what we expect to meet with in the chronic mammary tumour, and rendered the diagnosis not a little difficult; the more so, as it was possible that the chronic mammary tumour, which had existed for so many years in a stationary and passive condition, might have suddenly undergone malignant degeneration, and thus taken on rapid increase of bulk. This, however, was disproved by the careful microscopical examination made by Dr. Harley, who found that the tumour did not present a trace of malignant structure.

It is, however, important to bear in mind that cystic and adenoid tumours may remain for a long time in a benign and passive state, and then assume malignant characters. This happened in the case of a woman aged 48, who was sent to the hospital by my friend Mr. Adams two years ago. At the age of 27, she had first observed a tumour in the left breast. This had slowly increased in size, until it had attained, at the end of fifteen or sixteen years, the size of the fœtal head. When I first saw it, in January 1858, it presented the appearance here depicted. (Fig. 1.) One of the cysts of which it was composed had ulcerated, and a thin sero-sanguineous discharge oozed out of the opening. The general health was good. There was no glandular enlargement in the axilla, or adhesions of the skin, except around the ulcerated parts. It was freely movable on the pectorals. An operation for the removal of the tumour was proposed, but this the patient refused to consent to. At the end of six months, she returned with a large ulcerated cavity in the centre of the tumour, and fungating masses sprouting from the bottom of it. (Fig. 2.) There was still no cachexia, or enlarged glands in the axilla. The patient now consenting to an operation, I extirpated the whole mass with the mamma. On examining the tumour after its removal, it was found to be cystic. There were several large cysts, of the size of pigeons' eggs,

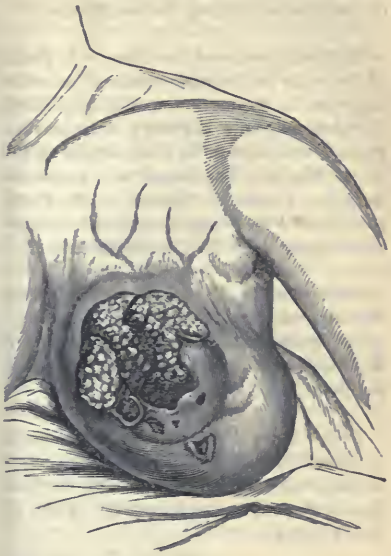
containing turbid but light coloured serous fluid. The central portion of the tumour,

Fig. 1.

and that at the base of the fungus, were solid, gray, and rapidly undergoing softening and disintegration. On squeezing this portion of the mass (the base of the fungus), a milky juice exuded; and Dr. Harley, who examined the tumour, stated it to be encephaloid. The sarcomatous structure beyond this, constituting the general mass of the tumour, appeared to be adenoid The surface of the fungus, when exposed and protruding beyond the cyst, was epitheliomatous.

Now here were cystic sarcoma, encephaloid, and epithelioma, associated in one growth. The encepheloid was stated by Dr. Harley to be cellular, without fibres, showing rapid development. The epithelioma was confined to the surface of the fungus. The history of this case, the very lengthened period (more than twenty years) that the tumour had existed, the absence of all constitutional cachexy, of deep adhesions, or of glandular enlargement or other secondary deposits, and its appearance only six months previous to removal (Fig. 1), all pointed to primary simple cystic disease of the mamma, in which, as the result of secondary changes, encephaloid had developed itself; being an instance of the conversion of a simple into a cancerous tumour of the breast. This patient died about a

Fig. 2.



twelvemonth after the operation, of gangrene of the foot and disease of the heart. The cicatrix was quite sound; but in the substance of one of the ventricles a nodule was found, which was considered by those who examined it to be of a cancerous nature.—*British Medical Journal*, April 14, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Extirpation of the entire Uterus.—Prof. Choppin, it is stated (*New Orleans Med. News and Hosp. Gaz.*, Feb. 1861), has recently performed this operation in a case of irremediable procidentia by means of the ecraseur. "The vesico-vaginal wall was carefully dissected, so as to allow the ecraseur to pass entirely behind the fundus of the uterus. After the removal was accomplished, the edges of the wound were kept in apposition by means of leaden clamps and silver sutures. The patient is a negro woman, about thirty-five years of age. We saw her on the third day after the operation; she had not a single unpleasant symptom, and through the speculum the seat of the operation looked well. It is now ten days

since the operation, and she is reported to be 'up, making a cup of coffee this morning.' The extirpation involved one ovary and Fallopian tube entire, and a small portion of the other tube, leaving the ovary intact."

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Medical Service of the Navy.—A Board of Surgeons for the examination of assistant surgeons for promotion, and of candidates for admission into the navy, will convene at the Naval Asylum in Philadelphia on the 1st of March. The Board will consist of Surgeons James M. Greene, J. M. Foltz, and C. H. Wheelwright, and Passed Assistant Surgeon John Y. Taylor, Recorder.

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Pennsylvania Hospital.—Dr. Addinel Hewson has been elected one of the surgeons to this institution, in the place of Dr. E. Peace, whose resignation we noticed in our preceding No.

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New Orleans Medical News and Hospital Gazette.—Dr. D. W. Brickell retires from the editorship of this journal with the Feb. No., and he is to be succeeded by Dr. A. A. Peniston.

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Obstetric Annual.—Dr. D. W. Brickell proposes to publish a yearly volume of 400 to 600 pages, devoted exclusively to obstetrics and diseases of women.

"Subscription price—*payable invariably in advance*—four dollars per annum, or fifteen dollars for four subscribers. The work will be commenced on the cash principle only, and the patronage of the real friends of medical literature is respectfully solicited. Early remittances are asked, in order that it may be ascertained whether the expense of the undertaking will be met. Patrons may rely on it, that with each year improvements as to size, etc., will be instituted to the fullest extent warranted, as the object is not to erect a money-making machine, but to exalt and improve a most neglected branch of medicine.

"All editors of medical journals are respectfully solicited to exchange from this date, in order that all proper facilities may be thrown in my way.

"All exchanges, subscriptions, and communications of every kind, to be directed to

D. Warren Brickell, M. D.,
Box 346, Post Office,
New Orleans."

Obituary Record.—We record with sincere regret the death of Dr. John Wakefield Francis, of New York, which sad event took place on the 8th of Feb., at the mature age of 72 years. Dr. Francis was universally esteemed, and was a man of no ordinary abilities. In all medical matters, the profession of New York called on him to take the lead; he has held many positions of importance, and always performed the duties which devolved on him with marked ability.

FOREIGN INTELLIGENCE.

Spina Bifida Operated upon with Success.—M. Gigon has laid before the Surgical Society of Paris a case of spina bifida which was successfuly operated upon. M. Gigon had seen the patient when four years old, and had then advised the parents to wait. He had quite lost sight of the boy, when the latter was brought to the hospital at the age of fourteen, having lost the difficulty of walking with which he had formerly been affected, and being tall and healthy. The tumour was the size of an adult fist, pediculated, and of the usual appearance. On consultation, it was decided that the outgrowth should be removed rather than injected, as it distinctly communicated with the spinal canal. The pedicle was divided with the écraseur, the wound brought together by the twisted suture upon needles, and the patient made a good recovery.

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Median Operation in France.—M. Dolbeau has published a case in the *Gazette des Hôpitaux* referring to a youth of eighteen, affected with calculus, where the median operation was performed in a manner slightly different from that hitherto adopted in this country. The patient had been sent up to Paris for the purpose of having lithotrity performed by M. Civiale. After the crushing, fragments lodged in the neck of the bladder, and the suffering was so great that M. Civiale wished lithotomy to be at once performed. M. Dolbeau received the youth into the St. Louis Hospital, and determined on performing the median operation. After having divided the skin and cellular tissue in the median line, beginning an inch from the anus and ending two lines from that orifice, upon a grooved staff passed

into the bladder, the operator placed the index-finger of the left hand, held supine, against the anterior angle of the wound, taking care to push the prominence of the bulb forwards. The staff being well felt, he thrust the point of the knife towards the groove, and divided the urethra along it as far as the neck of the bladder. The finger met with calculous fragments. The staff was then removed, and the finger passed into the bladder, the cervix of which was considerably dilated. By means of the forceps and scoop, fragments of calculi were removed. This required rather a long time, as there were several fragments, some of which were situated above the neck of the bladder. The latter had also to be frequently dilated, as it showed a tendency to contract upon the instruments. The bleeding was insignificant, and seemed to come from the bladder. No particular dressing was adopted, and, under a stimulating diet, with scrupulous cleanliness, the patient made a good recovery, the wound being quite closed on the twenty-first day after the operation. It will be perceived that M. Dolbeau first incised the skin and cellular tissue, then felt for the staff and thrust the knife into the groove; whilst it has been lately advised to run the knife at once towards the staff, the puncture being made through the skin. —*Lancet*, Jan. 19, 1861.

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Laceration of the Lung without Injury to the Ribs.—Dr. Comolli Giovanni relates the case of a lad, fifteen years of age, over whose chest the wheel of a carriage had passed without fracturing any of the ribs. He died on the tenth day of pneumonia, notwithstanding energetic antiphlogistic treatment. At the autopsy no fracture could be detected, but air escaped on opening the thorax, which contained also much fluid. The left lung, filling only a fifth of the cavity, adhered to the parietes, and a laceration was found at the anterior edge of the middle and upper lobes, accompanied by a loss of substance, as well as by an aperture in the pleura. The laceration was about an inch in diameter, and was surrounded by a fragile tissue, infiltrated with pus.—*Ibid.*, from *Annoli Omodei*.

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Lardaceous, Waxy, or Amyloid degeneration.—In a lengthened and able review upon this subject, which appears in the December number of the *Archives Générales de Médecine*, the writer arrives at the following conclusions:—

1. That the lardaceous, waxy, and amyloid diseases are all one and the same affection, although it may yet be shown that varieties exist according to the microscopic appearances, the chemical reaction, the seat, and the greater or less diffusion of the morbid deposit.

2. That the morbid alteration in question is constituted, histologically, of a substance appearing to occupy primarily the walls of the arteries; and secondarily, the cells of the parenchyma. This deposit consists, at first, of transparent homogeneous corpuscles of very various forms, and without any nuclei or appreciable cell-membranes. These corpuscles are at first distinct, but ultimately become fused into a mass, which is infiltrated between the natural tissues, and effects their removal, with the result of increasing greatly the density of the affected organ.

3. That the red reaction produced by iodine alone, and the blue reaction caused by iodine together with sulphuric acid, can only be regarded, provisionally as characteristic of the deposit.

4. That the morbid material is neither cholesterine, nor starch, nor cellulose, nor any other vegetable products, such as different writers have endeavoured to prove.

5. That the clinical facts hitherto collected, are neither sufficiently numerous nor decisive to enable us to draw up a clinical history of the lesion.

6. That the disease in question appears rather to correspond to certain undetermined phases of such cachexiæ as the syphilitic and tubercular, than to constitute a special cachexia of itself.—*Brit. Med. Journ.*, Jan. 12, 1861.

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Hydrophobia.—From the annual report issued by the General Hospital of Vienna, it appears that of 115 individuals who were bitten by rabid animals only 25 died from hydrophobia.—*Brit. Med. Journ.*, Jan. 19.

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Laryngoscope.—It is stated (*British Medical Journal*, Jan. 19th, 1861), that a conversation took place at the Pathological Society some weeks ago respecting the merits of the laryngoscope. The general impression of those who had used it was, that in most cases of disease requiring such examination it was not possible to derive

much advantage from its employment. Either dyspnœa, or undue irritability of the larynx and associated parts, was present, or both; so that the difficulties were considerably increased under these circumstances. This opinion quite concurs with our own personal experience in the use of the instrument. The individual whose throat is to be examined must go through a long course of training before he is able to bear the manipulation required for the inspection of his larynx.

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Hospital Surgical Practice in Vienna.—The correspondent of the *British Medical Journal* writes as follows in regard to this subject:—

"The surgery in Vienna is, in some respects, undoubtedly, I think, behind that of the other capitals of Europe. This is exemplified in the general surgical treatment of wounds, etc., and in the non-adoption of modes of operation found to be successful in this and other countries; at the same time, a careful observer will see much here that is new, and may learn much that is good.

Treatment of Wounds, etc.—In the treatment of wounds after operations, too little attention is, I think, paid to endeavouring to obtain union by first intention, even when this is especially desirable, as in cases of resection of the elbow-joint, etc. Not even in plastic operations, of which, however, I shall later note some successful examples, are metallic sutures employed. These are, indeed, never used, not from any ignorance on the part of the surgeons, of the esteem in which this form of suture is held in this country; but partly, apparently, from a disbelief in the advantages of union by first intention, and partly from a want of credit in the facts stated by Dr. Simpson, and other advocates of the metallic sutures. The question of facts, however, will, I hope, be settled, as the experiment of using to one-half of the same wound metallic, and to the other half silk ligatures, which cannot fail, I think, to convince the most prejudiced observers of the advantage of the former, is to be made in the *clinique* of Professor Dumreicher, who, however, asserts at present his entire disbelief in any advantages possessed by metallic sutures, and his belief that no surgeon will in five years be found employing this material.

Vienna has been behind the other surgical schools in testing the efficacy of the important hemostatic method conceived by Dr. Simpson, who is honoured abroad, as here, as the man of this age who has made the most important discoveries in medical science. Shortly, however, Professor Patruban, to whom I have sent a set of acupressure needles, will be able to add his experience for or against the supplanting of the ligature as a means of obtaining occlusion of the arteries.

Irritating applications to ulcers and wounds are either much more often required in Vienna than here, or they are used where English surgeons would not find them indicated; still the advantages of cold water dressing and general cleanliness in the treatment of wounds seem to be appreciated. Wounds in the surgical wards are always cleaned by a stream of water thrown on to them with a pewter syringe—an instrument which is not yet supplanted in any of its applications by the more convenient forms of apparatus of caoutchouc, etc., in general use in this country. Charpie takes the place of our lint, being, however, much more freely applied; indeed, generally there is far too much covering up, plastering and employment of medicated dressings, in the management of wounds. The treatment of sores of a specific character I shall allude to, when describing Dr. Sigmund's views of the nature and treatment of venereal diseases.

Operations.—Many operations which have taken their stand in this country, as acknowledged modes of treatment, are but little practised in Vienna. As far as I could learn, resection of the knee is not performed there. Such an operation was announced to be performed by Professor Dumreicher; but the operation which I witnessed consisted only in removing, in the case of a young man, who, as the result of old and arrested disease, had contraction of the knee, a wedge-shaped portion from the inner condyle and front of the femur. This was done by a crescentic incision through the soft parts, as in the operation for resec- of the joint. The limb was then forcibly straightened as far as possible, and thus fixed. In consequence of continual venous oozing from the wound, perchloride of iron and other irritating applications were employed. Ultimately, I believe, after I had left Vienna, the patient died. Gangrene supervened; amputation was resorted to;

but the gangrene recurring in the stump, this attempt to relieve a deformity resulted in the death of the patient. In one case of resection of the elbow, which I saw performed, the sesquichloride of iron was applied to the wound as a dressing, at a time when I could see no bleeding. I was told, however, that it was to arrest hemorrhage The case, I believe, ultimately did well; though naturally, after such applications to the wound, recovery took place at a much slower rate than one is accustomed to see in this country, more particularly in the clinical wards of the Edinburgh Infirmary.

Operations for the radical cure of hernia are not performed in Vienna; the results in the one or two cases where an operation has been attempted, having been unsatisfactory in so far as the rupture has returned. A perusal of a translation of the papers of Mr. Redfern Davies on this subject, which will shortly appear in the medical journals, will, no doubt, lead to a renewal of attempts to effect a cure by means of Wood's operation.

In a case of strangulated femoral hernia, operated on in Professor Dumreicher's clinique, on July 2d, no attempt to apply the taxis was made *after* the administration of chloroform. The operation was at once proceeded to, the sac being opened; and in other respects the operation resembled that most commonly practised here. The case did well.

Teale's mode of amputation by rectangular flaps does not appear to have been adopted by any one in Vienna, nor, indeed, did it seem at all known. Although some surgeons may still question its advantages, it should, at least be put to the proof in every large clinical school.

* * * *

Fracture.—Passing now to the general surgical *cliniques*, I may note first in reference to the treatment of fractures, the use, by Professor Dumreicher, in fracture of the leg, of what he calls his "Railway apparatus," which is a peculiar form of cradle for swinging the limb after it is bound up. Laid on the bed is a frame of wood supporting an inclined plane of the same material, which has two little brass rails, running lengthways upon it, the angle of inclination admitting of variation; upon this is placed a cradle, which has wheels adapted to the rails, and which has a constant tendency therefore to run downwards, of greater or less intensity according to the angle of inclination of the plane, so that, however much the patient may shift his position up and down the bed, the limb is kept extended. The apparatus appeared to be very successful in giving comfort to the patient and in turning out good limbs. Another form of apparatus, new to me, was the splint I saw employed in a case of fractured humerus; it consisted of a splint of iron framework, terminated at each end by a small crutch, and interrupted in the middle, where a screw united the two portions. One crutch was applied in the axilla, the other in the hollow of the elbow, over the forearm, bent at a right angle and supported in a sling; straps and buckles attached to the crutches and to the shaft of the splint retained it in its place; by means of the screw the length of the splint may be increased, and, the forearm being fixed by the sling so as to form a point of resistance, lengthening of the splint causes extension of the arm. Although the principle of this instrument differs from those on which we should usually treat fractures, using splints for simple retention of the properly adjusted fragments, and not for active extension, yet I imagine that there are cases where it might be useful for the surgeon to bear this splint in mind, and employ it, or some modification adapted to the special circumstances of his patient.

Phosphorus Necrosis.—An affection of the bones of which we, happily, see but little in this country, comes daily before the notice of those attending the surgical wards of the Viennese hospitals; it is the peculiar form of necrosis developed in the upper and lower maxillæ by exposure to the fumes of phosphorous acid. This disease is now even in Germany much less common than formerly, owing to the employment in the manufacture of lucifer matches of the red allotropic form of phosphorus, which does not undergo slow combustion in the air. Indeed, almost all the examples of these unfortunate sufferers who now present themselves are from some few manufactories where, from a false economy, the ordinary form of phosphorus is still made use of. The treatment of this affection is removal of the diseased bone; and, from the cases that I saw in Vienna, I conclude that there surgeons consider extirpation of the whole bone necessary.

Resection of the Inferior Maxilla.—To Dr. Von Pitha, surgeon to the Military

Hospital in Vienna, is due, I believe, the credit of the operation performed in the following case for the extirpation of the lower jaw.

A young woman, aged about 20, worker in a lucifer match manufactory, and for some time labouring under necrosis of the lower jaw, was on the 21st of June operated upon by Dr. Weinlechner, assistant to Professor Schuh. The patient, sitting upright in a chair, was narcotized by chloroform administered from a conical roll of paper. No incision was made through the skin, the soft parts being dissected from the anterior part of the lower jaw by means of scalpels adapted to the purpose, introduced through the mouth. A broad copper spatula was passed down between the lower lip and the jaw, and then, being *turned up behind* the bone, was again brought out at the mouth, so as to isolate the front part of the bone from all soft parts. A chain-saw was then passed round the symphysis, and the maxilla there divided. By means of the finger and a rounded blunt-edged instrument suited to the purpose, the periosteum was separated from the left half of the bone, the attachments of the muscles, the ligaments of the temporo-maxillary articulation, etc., being cut through by a long-bladed knife, which was, however, sharp only near the point, as is the ordinary herniotome. The left side of the jaw being thus entirely removed, the right half was treated in the same way; the mouth was syringed out, as far as I could see; neither ligatures nor sutures were applied; and the patient was removed to the ward.

On examination, the bone presented about two inches of the body completely necrosed; the whole bone was quite denuded of periosteum, except in the immediate neighbourhood of the muscles, etc. The patient progressed very favourably; and already, on the 4th of July, fourteen days after the operation, the deformity of the face was very slight, and the patient could take soft food well, although she was still unable to articulate. The peculiarities of this operation are subperiosteal mode of removal, and the avoidance of any external incision; and in many cases, even in some of removal of the jaw for a tumour, this mode of procedure might, I believe, be advantageously resorted to. Before leaving the subject of necrosis, I would mention the form of *scalpel* used by Professor Dumreicher, as apparently very good, although I have not yet tested its practical utility. It has a short, well rounded handle, which may be conveniently held in the palm; the blade is but very slightly grooved from side to side, and the edge is cut off obliquely; the instruments are of various sizes, and of each size there are a pair having opposite angles of the blade cut off, so as to be adapted to all circumstances. I have already mentioned that resection of the knee is not adopted in disease of that joint, and among the numerous bad stumps that might be seen in the wards last summer, was one left after amputation of the arm for strumous disease of the elbow.

Stricture of the Urethra.—A mode of treatment which I saw Professor Dumreicher adopt in a case of stricture of the urethra, may be occasionally found worthy of imitation. It was a modification of the old plan of introducing a cat-gut bougie, and allowing it to distend the stricture by its gradual enlargement under the influence of the heat and moisture of the urethra. Instead, however, of one large bougie being employed, a number of pieces of fine cat-gut are taken, each about a foot long, and headed at one end with sealing wax. The other end the Professor bit slightly, so as to flatten and soften the tip before introducing it; he then passed one of these carefully through the stricture, then another, and so on until six had been passed into the urethra; these were removed at the end of half an hour, when it was evident, by the size of the different portions, that two had passed through the stricture, two into it, but not through it, while the other two had only reached the stricture, and had curled up in the interior part of the urethra. The bougies being withdrawn, an attempt was made to introduce a silver catheter, but without success. This treatment was repeated frequently, at the end of one week, but little progress had been made, and it had been ascertained that a stone was in the bladder; in the following week, however, considerable improvement had taken place, and soon afterwards a full-sized catheter could be introduced. This treatment seems more commendable and less hazardous than the forced catheterism, where a blunt instrument is forced on, tearing its way through the stricture; this practice I saw adopted in the syphilitic wards, and with a successful result. Neither the external nor

internal division of stricture, by cutting instruments, is in much favour in Vienna.

Operations for Malignant Disease.—An interesting point of difference between the practice of the Viennese and British surgeons, is found in the treatment of malignant growths; and here I believe that the practice of the Viennese is in accordance with that of most German surgeons. In the first place, there is much more readiness abroad than here, to operate in cases of cancer; and, secondly, no attention is paid to a point on which British surgeons lay considerable stress, viz., the removal of the whole diseased organ, a point which induced the conception by Syme of the bold and hazardous operation for removal of the entire tongue; which he has twice performed, although unfortunately with an ultimate fatal result. In malignant disease of the breast, the tumour alone is removed; the whole gland is extirpated only where there is retraction of the nipple with much adhesion of the skin, or adhesion of the tumour to the wall of the chest; the latter of which conditions would, in the opinion of many of our surgeons, contraindicate any operation

As illustrating the boldness with which some Viennese surgeons will undertake operations, which we might consider unjustifiable, I may mention that Professor Schuh in July last, in the case of a child eight years of age, suffering from malignant disease of the acapula, resected the whole of that bone. His first intention was to remove only a portion; but in the course of the operation, finding that the whole bone was involved in the disease, entire extirpation was practised. I saw the child only before the operation, and understood that after going on well for some time, she died; but Professor Schuh has, I believe, published the case in the *Mediz. Zeitung*, and states that the child was well enough to leave the hospital in three weeks.

Another example of the questionable boldness of the same operator is found in the following case, where, however, the operation proved fatal. An Austrian, aged 60, presented himself at the hospital with a tumour on the left side of the front of the thorax; it was firmly attached to the ribs, the skin being quite movable over it; it measured at its base about fourteen inches in circumference; it felt smooth, hard, and lobulated, and otherwise like enchondroma. On June 25th, 1860, Professor Schuh operated for the removal of this growth. The patient being placed upright in a chair, an incision was made across the tumour, which was laid bare, and the greater part cut away at once, the remainder attached to the ribs, etc., was removed by scissors and knife. At first, as I looked on from a little distance, I could see the movement of the pleura between the ribs, with respiration; but in the last stage of the operation, the respiratory movements of the left side of the chest seemed to cease; the patient appeared very faint, and the Professor having applied a stethoscope, for which he hurriedly called, closed the wound, keeping his finger pressed on a particular spot, carefully replacing the skin over this point, and then applying a compress. The tumour, examined after removal, presented a smooth, lobulated, hard portion externally; internally it was soft and friable. 26th. The patient very ill; pleurisy, etc. 28th. Fourth day from operation, the patient died.—*British Med. Jl.*, Jan. 5, 1861.

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Fecundity.—At Dowlais there is a woman still living, only 45 years of age, who is the mother of 33 children. She married at 14, and became a mother at 15. She is the wife of a working man in humble circumstances, and she has given birth twice to three children, three times to four, and six times to twins!—*Essex Herald.*

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Death from Mental Depression and Chloroform.—M. Cazenave, of Bordeaux, was lately called some distance to amputate the leg of a gentleman, aged forty, whose horse had fallen upon the limb. Several hours elapsed between the accident and the intended operation; and when M. Cazenave had finished his preparations, aided by two medical practitioners who had been called in soon after the mishap, he exhorted the patient to take courage, as the latter was extremely depressed at the idea of losing his leg, and often broke out in loud lamentations. It was agreed, upon the patient's request, that chloroform should be used; but as his spirits were so bad, and the powers of life low, M. Cazenave resolved to withhold the chloroform, asking the medical man who was about to give it to feign the administration of the anæsthetic. The handkerchief was therefore held at a great distance from the face, but the patient had hardly made four hurried inspirations

when respiration ceased, and the action of the heart stopped. All the means resorted to in order to revive the patient were unavailing. M. Cazenave considers that the chloroform had nothing to do with this result; it is probable, however, that the melancholy event was due to mental depression aided by the chloroform.—*Lancet*, Feb. 9, 1861.

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Insects in Sores.—Dr. Atkinson, Inspector General of Hospitals, writes as follows, on the mode of removing insects from wounds, etc. A little calomel strewed over the part, or blown into the wound from the end of a quill, will immediately rid the patient of them. In the year 1840, during the epidemic yellow fever, a corporal of the 82d regiment, during his attack of fever, had a sac of them in front of the right ear, and every application, such as turpentine, tobacco-juice, etc., failed to have any effect upon them. On leaving the hospital at Stony Hill, I met a very old European woman, who told me that calomel would empty the sac in a few minutes; I returned and tried it, and in less than ten minutes the sac was empty, and had no recurrence of them. In 1848, after the battle of Boom Plaats, over the Orange River, at the Cape of Good Hope, two of the wounded officers, who were shot through the elbow-joint—one a captain in the Cape Mounted Rifles, the other a lieutenant in the 91st Regiment—had maggots; the calomel was blown into the wounds, and in less than ten minutes they were all crawling over the bed, and were swept away, and there was no return of them. I have written this account, as I am not aware that the efficacy of calomel in this affection is generally known.—*Brit. Med. Jl.*, Feb. 2, 1861.

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What is a Fact?—There is an old saying, unanswerable as a fact; but it is an erroneous saying. On the contrary, nothing is more elastic, more convenient, and manageable, than a fact. The absurdest of doctrines are made to rest on facts. The reputation obtained by a pretended curer for cancer was founded on a fact. Thousands of facts are daily made use of to serve the purposes of the vilest quackeries. And, even amongst honest minded men, what errors are elicited from the observation of facts! As M. Velpeau lately said, at the opening of the clinique: "We judge of facts by the lamp of our intelligence; and this lamp is sometimes too small, sometimes too great, and is always fitted with glasses which modify the objects more or less; and then, as facts have many faces, we often see only that face of them which pleases us." Difficult indeed is the interpretation of facts!—*Journal de Méd.*

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Poisonous Snuff.—At a late meeting of the Manchester Philosophical Society, Dr. Crace Calvert stated that he had lately examined several varieties of snuff, which he found to be more or less impregnated with lead compounds, especially the black rappee; and he found on further investigation that the presence of lead was due to the corrosive action of the snuff upon the lead foil used for packing it. He also stated that it was his intention to examine several other substances usually packed in lead foils, and that he would lay the results of his observations before the Society, as he thought it highly desirable to make the public aware of such sources of injury, and to induce manufacturers to adopt means to avoid inflicting this serious evil on their customers.—*Lancet*, Feb. 9, 1861.

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Sir Benjamin Brodie.—This eminent surgeon, who a few months ago was unnecessarily subjected to the operation of iridectomy, has recently been operated on for cataract, by linear extraction. This cataract is said to have resulted from a wound of the lens accidentally inflicted during the performance of the previous operation of iridectomy. We regret to learn from a late No. of the *Lancet* (Feb. 9) that the section of the cornea had not healthily united, and that some amount of low inflammation has attacked the eye.

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Obituary Record.—Died, lately, M. Textor, formerly Professor of Surgery at Würzburg, and well-known from his resection of joints, aged 78.

——Lately, M. Bonnelat, physician to the St. Armand Hospital (France), aged 87.

——Jan. 28th, 1861, Wm. Baly, F. R. S., Physician to the Queen, and Assistant Physician and Lecturer at St. Bartholomew's Hospital. He was instantly crushed to death while going to Guilford to see a patient, by an accident to the train, which precipitated several of the cars down a bank nine feet high.

——at Munich, Dr. Tiedeman, the eminent physiologist, aged 87 years.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Warty Growths around the Vagina and Anus of a Pregnant Woman; Removal.—It is a question with obstetricians, whether any operative measure of importance should be performed on women during the pregnant state, because of the liability of inducing premature labour. If we take the experience of London hospital practice as a guide, we shall find that in many instances operations have been performed on women as a matter of necessity, even at an advanced stage of pregnancy, and no bad results have followed. We have seen Mr. Erichsen, at University College Hospital, attempt the cure of troublesome varicose veins, with success, in women thus circumstanced. Mr. Pollock, at St. George's Hospital, once performed tracheotomy upon a woman, with syphilitic ulceration of the larynx, who was on the verge of her confinement. Indeed, labour set in some hours after, but no untoward consequence ensued either to the mother or the child. This case appeared in a former "Mirror," and we could cite other examples of successful operations performed upon pregnant women. On the other hand, the mere extraction of a tooth has caused miscarriage or abortion. It is, therefore, difficult to draw the line of demarcation. But when necessity steps in, there is no alternative; something must be done, and that oftentimes speedily.

A pale, sickly, and emaciated young married woman, of diminutive appearance, was recently admitted into Middlesex Hospital. She was about six months pregnant, and suffered from a large and prominent mass of warts surrounding the lower part of the vagina, and extending to

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the anus, which was also completely encircled by them. They had become so agglomerated as to present a tolerably firm epithelial growth. There were in addition numerous small isolated warts on either side of the vulvæ and thighs. All were the result of a former attack of gonorrhœa, existing previously to her pregnant condition. The vaginal outlet was diminished to the size of a few lines, and it seemed to be quite clear, that if she were allowed to go to the full time of utero-gestation, there would be a great risk of serious impediment to labour, in consequence of the state of the parts. Rupture of the perineum, if not some more serious lesion, might be anticipated under the circumstances.

Her case was carefully considered by the staff of the hospital, including Dr. Priestley, the physician accoucheur, and it was determined to remove all the diseased mass under the influence of chloroform. This was accordingly put into practice on the 28th of November, by Mr. Shaw, who, with the aid of a scalpel and a pair of curved scissors, effectually dissected away and cut off the various parts of the tumour, and all the smaller warts. This was done without any sacrifice of the integuments, for the whole were found to be superficial, having only involved the epithelial layer of the dermis. The anus and vagina were thus freed, and the outlet of the latter, although still a little constricted, resumed nearly its natural dimensions. As might be expected, there was free bleeding during the operation, but it was readily controlled afterwards by a piece of lint steeped in a solution of the perchloride of iron.

Dec. 14th.—No constitutional disturbance followed the operation, and a good recovery was made by the patient. The affected parts are sound, except a few warts which were left, as Mr. Shaw was desirous not to protract the operation, or cause her to lose any more blood. She has been out of her bed now for upwards of a week.—*Lancet*, Dec. 29, 1860.

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Extensive Injuries from the Explosion of a Locomotive Engine.—The following case is an illustration of what an amount of injury a man may sustain without life being destroyed. The points of interest are—first, the peculiar mental condition of the patient for some time after the accident; and, secondly, the effect which this condition appears to have exerted over the reparative process. Brought into the hospital in a state of coma, in about twelve hours he somewhat rallied, and passed into that of traumatic delirium. Slowly, under the influence of opium, brandy, and a good diet, he gradually became tranquil; but his memory was for a time lost, nor did he recover it until after he had been five weeks in the hospital. Up to this date no reparative process had taken place between the broken extremities of the bones; but with the return of the mental faculties there was increased action in the site of the fractures, and a firm union was speedily effected between the ends of the femur; and it is to be hoped that a similar result will be shortly accomplished in the humerus.

J. C——, aged thirty-three, was admitted on Nov. 1st, 1860, having been just blown up by the explosion of the locomotive engine at the entrance of the underground railway, close to its junction with the Great Northern Railway. At the time of the accident he was with his two companions at work on the engine. They were killed instantaneously, but he was picked up some yards from the engine in an insensible state.

On admission, he was perfectly insensible, and breathing stertorously. A large scalp wound of about six inches extended from before backwards towards the occiput. He had a fracture of the middle third of the left humerus, and a fracture of the right thigh. He had also a deep scald over the right hip, extending up to the seat of the fracture of the femur, while on the left side there was a deep lacerated wound of the thigh, near the great trochanter. His bladder and bowels acted involuntarily.

The patient having been placed in bed, his numerous wounds were immediately attended to. The large scalp wound was united by wire sutures, and covered with a firm compress of lint and a bandage. His arm was put up in the ordinary splints; but a difficulty existed in arranging the splints for the thigh, as the extensive scald on the outer side of the limb prevented the application of a long continuous splint, and the involuntary action of his bladder and bowels would not allow of the use of a perineal band. Accordingly a long splint, with an interruption of an arch of iron bar thrown over the site of the scald, was applied from the axilla to beyond the foot, and Mr. Wallis, the house-surgeon, maintained the

extension of the limb by attaching a long strip of adhesive plaster from the knee to the foot, and appending thereto a bag of sand of fifteen pounds weight, which hung free over the end of the bed. From the state of coma in which he was on his admission, the man in about twelve hours passed into a wildly delirious state, endeavouring to tear off his bandages and to get out of bed, talking all the while most incoherently. A brisk purgative was given, and after it had well acted he had ten minims of tincture of opium every four hours; a liberal diet of beef-tea, arrowroot, and four ounces of brandy daily. Under this treatment he gradually improved, and in four or five days he became perfectly quiet, and began to recognize his attendants, and to regain power of control over his bladder and rectum. Unfortunately, however, bed-sores were now forming on his back, and a diffuse erysipelatous inflammation involved the whole of the left thigh.

On Nov. 12th he was placed on a water-bed, and on the 16th about a pint of pus was let out of the left thigh by a small incision on the inner side near the knee. Although now perfectly tranquil and capable of understanding questions, he has complete loss of memory. He believes that to within the last few hours he was at work: and when asked how he was engaged, he would describe the scene of his employment at the time of the accident. Even when asked in the afternoon what he had for dinner on that day, he would tell of a dinner his wife had carried to him when at work on the railroad. Gradually, however, his mental condition improved, and at the expiration of five weeks he was capable of appreciating the fact of his being in the hospital and of the cause which brought him there. The scald had progressed up to this time most favourably, and in every respect he was apparently doing well, the wound of the scalp having perfectly healed.

As the bandages were now becoming loose, they were taken off for the purpose of readjusting them and of examining the fractures. In the thigh and in the arm but little reparative process had taken place; there was slight thickening in the seat of the fractures, but the broken extremities moved freely on one another. The limbs were therefore readjusted in their splints.

Thirteen weeks after the accident the splints were again removed. The fractured femur had firmly joined, but the humerus still continued disunited, although there was considerable thickening and some firm effusion in the immediate neighbourhood of the fracture.

He continued to progress in a most satisfactory manner until Feb. 7th, when some swelling of the lower extremities began to manifest itself, accompanied with puffiness of the face. The urine is now albuminous and smoky, but his general condition is not very unfavourable.—*Lancet*, Feb. 23, 1861.

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Rupture of the Lung, without Fracture of the Ribs.—A case of this nature occurred lately in the practice of M. Marjolin at the Hôpital Sainte-Eugénie. The patient was a boy, aged 13½. On December 3d, 1860, the wheel of a dray, containing two casks of wine, passed over the front part of his chest. When brought to the hospital, there was a contusion on the fore part of the chest, and the boy was labouring under extreme dyspnœa. There was no hæmoptysis, nor hæmatemesis, nor subcutaneous emphysema, nor any pain in the belly; nor could any fracture of the ribs be made out. On auscultation, the natural vesicular murmur was heard all over the left side of the chest; but on the right side there was amphoric breathing with metallic tinkling. It was impossible to percuss this side on account of the dyspnœa. On the 5th, the patient died. On *post-mortem* examination, the right lung was found to be ruptured in two places. One rupture was situated near the anterior margin of the upper lobe, and was nearly half an inch in depth; the other was at the junction of the upper with the middle lobe. The pleural cavity contained eight or nine ounces of blood, and the surfaces of the lung and of the opposed wall of the chest were covered by layers of recent lymph of considerable thickness. The right lung and pleura were perfectly normal. The third and fourth left ribs, and the third right rib were incompletely fractured. It was only the external surface which was fractured, and the corresponding pleural surface was quite intact. (*Gaz. des Hôpitaux*, Dec. 29th, 1860.)

A case, very similar to this, was recorded in the last volume of the *Guy's Hospital Reports*, by Mr. Thomas Bryant (3d Ser., vol. vi. p. 43). The patient in this was a boy, seven years of age. Most, if not all, of the cases of this nature which have been

recorded, have happened in children. In young persons the ribs are so elastic, that it is very difficult to break them. Ambrose Paré mentions the case of an infant, 22 months of age, over whose chest the wheel of a carriage, containing five persons, passed twice, without causing any fracture.—*Brit. Med. Journ.*, Feb. 2, 1861.

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Aneurism cured by Compression Nine Years ago.—A man applied to Mr. Poland at Guy's Hospital, a short time since, the history of whose case is briefly as follows: In 1851, nine years ago, he was under Mr. Poland's care, in Guy's Hospital, for aneurism of the popliteal artery in the left side. He was then treated by compression, which was kept up for one hundred and two days, after which he was discharged. The aneurism was much reduced in size, felt hard and solid, but still pulsated a little directly backwards, but not laterally. The man remained well until October 20, 1852, when he "strained himself." Pulsation returned again and he was readmitted, on this occasion under the care of Mr. Hilton, who submitted him to the same treatment. The treatment, on this occasion, only occupied three days, and the man was discharged in three weeks quite well.

There is now (1861) no trace of any tumour or pulsation in the popliteal space, and the man says he has had no inconvenience whatever since his discharge. He is in good health. There is no pulsation to be detected in the anterior or posterior tibials.—*Med. Times and Gaz.*, Feb. 16, 1861.

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LECTURES.

Clinical Lecture on Diseases of Joints.—Delivered at St. Thomas's Hospital, Nov. 30, 1860, by Samuel Solly, Esq., F. R. S., surgeon to the hospital. Gentlemen: The admission of a patient last week with such extensive disease of the knee-joint, of the thigh and the leg, as to require almost immediate amputation, affords me the opportunity of directing your attention to this important subject. It is a subject on which each of you will have to exercise your educated and conscientious judgment, whether you are intending to practise in London or the country, as private practitioners solely, or attached to hospitals and union houses. I desire to-day especially to point out to you where it is necessary to resort to the knife in order to save life.

Your great pride should be to save a diseased limb from an operation, and this whether the operation be of a truly conservative character, such as the excision of a joint, or the entire removal of the whole limb. You have sometimes heard me say, partly in joke and partly in earnest, that any fool can cut a leg off, but it requires a true surgeon to save it. This feeling ought to guide you, and I assure you it is very necessary to inculcate it in the present day, when there is quite a *cacoethes operandi*.

I must, however, no longer delay the details of the case which has given rise to these reflections, and you will see that they are applicable in more ways than one. My notes are taken partly by the dresser from the patient's own statements, and partly from the gentleman (an old pupil) who kindly sent the poor fellow into the hospital.

J. D———, aged forty-four, a farm labourer, applied first for medical advice on the 23d of September, a little more than two months previous to admission. He attributes his illness to "cold taken when thatching with wetted straw." He was seized with pain on the left side of his body, which obliged him to leave off his work and go home to bed. On the following day he sent for his medical attendant, who states that he found him suffering from headache, shivering, nausea, quick pulse, and furred tongue. Notwithstanding appropriate treatment, symptoms of local rheumatism appeared in his left thigh and knee, around which point there were tenderness and swelling, followed by rigors, and a collection of pus below the knee in front of the tibia. This abscess was opened about a fortnight after the commencement of the disease, and discharged a large quantity of pus. But the supply of matter was most abundant, and fresh openings in the neighbourhood of the knee-joint were required. The skin was obliged to be divided on the outer side of it, and also in the popliteal space. The patient states that about two pints were discharged daily. Previous to these additional openings the knee-joint appeared more swollen, and to diminish after the matter was let out. This is accounted for by the fistulous opening I discovered from the knee-joint into the abscess; and this escape prevented the joint presenting the usual appearance of disease. The

pain in the knee, he says, was constant during the whole of this time, and that it felt "*as if the knee-joint was going*"—most expressive is this poor man's diction. He states he could not move it in the slightest degree; where he placed it with his hands there must it lie. The patient says: "I told my doctor weeks ago that it was of no use to me; it must be cut off." He also states that it kept gradually getting worse day by day. He describes his journey from the country as being one of great agony, which I can fully understand from the distress he experienced when carried most carefully upon a stretcher from my ward upstairs to the operating theatre. He has two large bed-sores. His family history is good; his father and mother both living, the former eighty-five years of age, and in good health. He has two children, both healthy.

As soon as I saw this poor fellow lying in Abraham's ward, which was the day after his admission, when he had recovered from the excitement of the journey, I at once came to the conclusion that his limb must be removed. His countenance bespoke a long continuance of wearing suffering; his hectic cheek, sunken eye, and anxious expression spoke volumes. He looked more like sixty than forty years of age. The outline of the joint differed but little from the sound one, but there was a reason for this. A fistulous opening above the joint led into the cavity of a large abscess, but not down to carious bone. Below the joint there was a long incised wound, terminating above in a small mass of ulceration, communicating with spotted caries of the head of the tibia. At the lower angle of the wound, the tibia lay, white but dull, denuded of periosteum, necrosed, but not exfoliated. The slightest motion of the joint put him to extreme pain. His pulse was feeble, and his tongue unnaturally red.

Under these circumstances, I felt it my duty to lose no time in telling my patient that I considered his limb must be removed in order to save his life. The poor fellow received the announcement with less surprise and horror than I expected; he only asked for time to communicate with his wife, which of course I agreed to. His calmness on the prospect of an operation being presented to him was explained this morning, when he informed me that he told his medical attendants five weeks ago that he was sure his limb ought to be cut off. As a rule, gentlemen, you will find that a patient's own feelings afford very strong proof of some serious disorganization of the joint which he thus desires to be relieved of.

When I saw him again on the Monday morning for the purpose of hearing his decision, he told me that he was desirous I should perform the operation as soon as I thought right. The wife, however, told the sister of the ward that a surgeon in the country of high standing said that there was no reason whatever for amputation, and that he ought to get quite well with his limb on. As you do not know the name of the medical man referred to, I do not hesitate to mention this fact that you may draw the necessary instruction from it. In all cases of disease where I think there can be the slightest doubt regarding the propriety of an operation, I never hesitate to take advantage of the opinion and judgment of my colleagues. But in this case I felt no doubt. Nevertheless, after this decided opinion, given deliberately by a surgeon of experience, I thought it right to ask Mr. South to see the case; for that purpose the patient was carried into our consulting room before being taken to the theatre. Certainly, if I had any doubt before, I had none when I saw the agony the poor creature endured in being carried up-stairs into the room where we were waiting for him. The slightest motion of the stretcher was torture to him. Mr. South made a most careful examination, as also did Mr. Sidney Jones; and as their opinion entirely agreed with mine, I amputated through the thigh, after our patient had been completely narcotized by chloroform.

I performed the operation which I prefer —namely, the double flap, the anterior flap being divided by a circular incision from within outwards, and the posterior transfixed. I used Mr. Butcher's saw, as this enables the operator to give a smooth, convex surface to the bone, without any sharp edges. The bone was unnaturally hard. In making my flaps, I opened, as I expected (and I trust that this will not delay the healing of the stump), a large abscess, the surfaces of which I brought into apposition, in dressing the wound, by means of a roller. Four sutures brought the edges into good contact, so that no strapping was required. It is always better to do without plaster if

you can, for the removal and reapplication of it is one of the most painful proceedings in connection with an amputation. I do not, in a case like this, either expect or desire to obtain union by the first intention of the whole surface of the flaps, for if such occur, it would shut up the fascial abscess of the thigh, and a fresh would be required. Nevertheless, I hope that a portion of the opposing surfaces will unite; but I expect that a small portion of plaster will be necessary after the sutures are removed. At present the stump looks remarkably healthy; no nasty little blush along the edges of the wound.

I must now show you the interior of the joint, and the condition of the femur and tibia beyond its limits. Nearly the whole of the investing articular cartilage covering the extremity of the femur was gone; only about an inch square left in front. Its place was supplied by a dark, bloody, carious surface. The bone was bare and soft; a portion of the cartilage on the under surface of the patella ulcerated; the head of the tibia completely disorganized; not a vestige of cartilage to be seen. Dark and ulcerated bone, with deposits here and there of pus, supplied the place of that beautiful structure which in health caps the leg bone in the knee-joint with its semilunar articular cartilages. Remnants, and small ones, of the crucial ligament. And this was what was *once* a joint. A section through the head of the tibia exhibited the bony tissue infiltrated with pus.

This examination will, I think, satisfy any surgeon, even if he is not very deep in the pathology of diseased joints, that the individual who had the privilege of possessing this, the remains of a knee, a few days ago, would have lived only a few days more if he had continued to hold it. I was very much struck by his reply, on the morning following the operation, to my inquiry how he was. "Oh! I am much better; I have very little pain, and I slept better than I have done for the last nine weeks." His pulse was good; tongue tolerably clean, and not quite so red; appetite good; no sickness after the chloroform. He was allowed four glasses of wine, porter, and any little thing he fancied.

I thus read this history. Rheumatic fever from cold and wet, localized in the knee-joint, followed by rapid suppuration within and without. Free incisions and appropriate medicines relieve his sufferings, but cannot save the joint from destruction, the removal of which cannot be accomplished by excision, from the extensive necrosis of the shaft, and interstitial suppuration of the head of the tibia. From the history of the progress of the case, it would appear that the inflammatory action ran its course to suppuration too rapidly to be arrested by leeches and other local antiphlogistic measures. Therefore I suppose we must conclude, that though an earlier diagnosis of the extent of disease of the joint might have saved suffering by an earlier amputation, it could not have saved the limb. With regard to the diagnosis, it must be remembered that the signs of suppuration within the knee-joint were masked by an early escape of the pus. This fact renders the case more instructive, for it is a rare occurrence, one which you would not readily expect, unless you looked for it as a possible contingency.

In my next clinical lecture I will talk to you regarding seven patients I have now in the Hospital, whose knee-joints have been diseased. All are nearly well; so that I hope I have succeeded, with one exception, in saving their limbs from the knife and the saw, and all their bodies from an early grave. The exception is the one whose knee-joint I excised, and who is so nearly sound, that I expect he will leave the Hospital in about a fortnight.—*Lancet*, Jan. 5, 1861.

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Clinical Lecture on Blows on the Eyeball, attended with Rupture or Laceration; and Disturbance of the Contained Parts. By Haynes Walton, Esq., Surgeon to St. Mary's, and the Central London Ophthalmic Hospitals.—Gentlemen: Blows on the globe of the eye may cause rupture of its coats, or the separation, or dislocation, of some of its internal parts. Bursting is no uncommon occurrence, and when the sclerotica suffers, the superior, or the internal portion, between the cornea and a line concentric to the attachment of one of the recti muscles generally gives way. I have seen but one exception, when the rupture was on the outer side. It has been suggested that the sclerotica tears at a point nearly opposite to that which is struck, the blows which reach the eyeball being, for the most part, on its lower, or its outer side; the upper edge of the orbit and the nose pro-

tecting it in these positions. The vitreous humour may escape in greater or lesser quantity, and accompanying this may be prolapse of the retina and the choroid. With so much damage the organ is very often destroyed. In a few cases I have seen profuse hemorrhage.

Loosening of the lens, or more commonly displacement of it, is another effect of blows on the eye and on the head. Dislocation forwards is that most usual; and it may be either alone or in the capsule. If it be thrown against the back of the iris, and does not become opaque, the nature of the accident might be temporarily overlooked. The pupil may be occupied by the lens, but rarely for any length of time, since it either falls against the iris, or, what is more likely, into the anterior chamber. Pain is the usual concomitant of any form of this accident. It may exist with little or no inflammatory action. Sometimes it is of an intensely neuralgic character, portending destruction of vision, not only in the eye, but about the orbit and head. Acute inflammation mostly supervenes, and the organ is destroyed. I have, in a few cases, seen low inflammatory action, with little or no pain, equally fatal. In all cases the dislocated body must be extracted, if possible; but if this be impracticable, it should be reclined.

But the lens may lie in the anterior chamber without any untoward symptoms; and, most assuredly, if no irritation were set up, I should leave it alone and trust to absorption. Even with slight local disturbance, in a patient under forty years of age, I should not interfere. Above forty, when the lens fibres increase in density, and absorption of them cannot quickly occur, I should make the earliest symptoms of irritation the signal for me to act. A dislocated lens and capsule should be removed from the chamber at once, that is, as soon as we are assured that the capsule is present, for months and years may pass away before absorption occurs, and even were it to be effected before the eye has been destroyed, the capsule might prove a source of much irritation, and, perhaps, become the seat of calcareous deposit. Mr. Lawrence mentions the particulars of a patient who occasionally visited the London Ophthalmic Infirmary, with the lens surrounded by its capsule in the anterior chamber, where it had been for twenty-eight years; the general state of the eye is not given.

But the capsule may not get opaque; and how is its presence to be detected? I answer this by an extract from the review of my work on the eye, in the *British and Foreign Medico-Chirurgical Review*, by Dr. MacKenzie. He says "weeks, months, and, I suspect, years, may pass before any decided opacity shows itself in the lens or capsule, provided the latter inclosing the former has been separated from its connections, without any aperture by which the entrance of the aqueous humour is permitted. In such a case, the lens shows itself in the anterior chamber like a drop of water, of different specific gravity from the rest of the aqueous humour, and its margin seems surrounded by a narrow gilt ring of a splendid yellow colour! In this state he had extracted the lens and capsule before they exhibited the least opacity, although they had been dislocated for weeks. This is a point that I have fully considered in the forthcoming edition of my book, now in the press.

I may mention incidentally the particulars of a case of spontaneous dislocation of the lens and its capsule into the anterior chamber, in which the eye was lost by the irritation produced. An overgrown girl of thirteen was brought to me about three years ago, with staphyloma completely around and close to the cornea, enlargement and semi-opacity of the cornea, much pain, extinction of vision, and general redness of the eyeball. While endeavouring to ascertain the cause of all this, an opaque capsule inclosing the lens passed forward into the anterior chamber. I now learnt that for some months this opaque body had been observed to pass from one chamber of the eye to the other. It was at once apparent that all the morbid action was produced by the dislocated part. As the other eye was suffering from supposed sympathetic implication, it was examined carefully, and its lens and capsule, quite opaque, were found to be reclining backwards into the vitreous humour, but yet retained a slight attachment to the lower portion of the suspensory ligament. The necessary operation on the right eye, that of "extraction," was followed by a cessation of all irritation. The parents of the girl would not allow the other eye to be touched.

Mr. Henry Howard relates, in one of the

periodicals, an instance of spontaneous dislocation of lens into the anterior chamber of the eye, being productive of cerebral derangement. A female, aged 30, suffering from pain and inflammation in her left eye for nearly seven months, during the latter three of which headaches, attended with vomiting, were so severe as to deprive her of her senses. Mr. Howard found the whole eyeball inflamed, and the lens, with a small quantity of lymph, lying in the anterior chamber. Extraction was performed; from that time the vomiting ceased, and the head symptoms gradually subsided, and were quite lost after forty-eight hours. The lens must have been contained in its capsule. I am inclined to think that it escaped from its position so inclosed, and not, as Mr. Howard thinks, without it, in consequence of destruction of the capsule by inflammation. It is likely enough that there was softening and giving way of the suspensory ligament.

Many instances of spontaneous dislocation, some in young people, and which are, of course, always associated with morbid changes in the eye, are recorded by the late Mr. Dalrymple and others.

Sometimes there is a rent in the sclerotica, while the conjunctiva remains intact, or but slightly torn; the crystalline lens is forced out of the eye, and rests between these in close proximity to the cornea, constituting what is called "external dislocation of the lens." With this the iris is more or less paralyzed or torn, and a portion, I believe, always carried out with the lens. Much blood is effused within the eyeball, yet vision may be retained.

The removal of the lens is the proper course. The simple process of raising the conjunctiva, snipping it, and removing the body is easily effected. It has been suggested not to interfere till a fortnight after the accident, that an opportunity may be afforded for the healing of the sclerotica; and that a simple rupture thereby may not be converted into a compound one, and the chances of recovery perhaps materially diminished. Certainly this would not be advisable if the pressure of the lens was productive of pain or irritation. In two cases I tried the method, but I conferred no benefit on my patients. In one, a young adult female, at the end of a fortnight the lens had become decomposed, and now was revealed the cause of the undue irritation, which before was unaccountable. In the other there was continual pain. Henceforth, I shall do that which appears to me more consonant with sound surgery, viz., to get rid of the extraneous body as soon as it is practicable; in fact, to apply here the rule that is absolute, regarding the removal of extraneous matters from other parts of the body.—*Brit. Med. Journ.*, Dec. 22, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

A Case of Fœtal Retention. By Robert E. Peyton, M. D. of Fauquier Co., Va.—In April, 1843, I was called to a poor woman (35 years of age, and the mother of ten children) who had been for some hours in hard labour, attended by a coloured woman as midwife. The midwife becoming impatient of delay in the case, had repeatedly raked her fingers downwards over the womb, from its fundus to the pubis, for the purpose of hastening the delivery. By this action violent pain and inflammation were produced in the right side, and the labour ceased. Such was the condition in which I found her upon my arrival.

By appropriate remedies she was, in a few days, recovered from her perilous condition; but there was no return of labour; and the child, which was alive before the injury, was then evidently dead; and the womb was adherent to the right side of the abdomen.

From that time to the present, the health of this woman has not been good, though she has continued to engage herself in her household affairs. For a long time she complained of soreness in her right side, where a hard mass could be plainly felt; and a purulent matter, mixed sometimes with shreds of skin, was discharged from the vagina. Her menses, after a while returned, but were disposed to be in excess; and I had, repeatedly, to give her remedies for this, and the consequent debility. Nothing else has been passed, excepting some finger or toe nails, and two small phalanges; one of which was preserved and given to me. I have furnished her with medicine twice, only, in the last five years, previous to the 8th inst., when I was again called to see her. I found her feeble and thin, and

troubled with dyspepsia, and some hysteria. All discharge from the womb has ceased for some two or three years; she has no soreness in the right side ordinarily, but it is tender upon pressure. The skeleton of the child can be plainly felt—a hard mass, reaching up from the pubis in an oblique direction, to the right hypochondrium. The neck of the womb is obliterated; the vagina stretched back; and the os lifted up as in the eighth or ninth month of pregnancy.

This case was published in the *Boston Medical and Surgical Journal* of 1844 or 1845; and I then promised if I lived to see its final termination, to give the further particulars to the public. As, however, it is plain that without some accident to bring on inflammation and suppuration, it is likely to remain "in statu quo," during the life of the patient; and as I may not be the longest liver, I deem it proper, now, to make the above publication.

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Death following the Inhalation of Chloroform.—Dr. J. B. Porter, Surgeon U. S. A., and C. B Brewer, Assist. Surg. U. S. A., relate (*Maryland and Virginia Med. Journ.*, Feb. 1861) an instance of this in a dragoon admitted into hospital at Camp Floyd, with a dislocation of first phalanx of left thumb backward on metacarpal bone. Every effort having failed at reduction, it was determined to give chloroform before further efforts were made. About 3½ o'clock P. M., the patient having been placed in a recumbent posture near an open door, with his clothes freely loosened, the inhalation was commenced. One fluidrachm of chloroform was poured upon a small linen handkerchief folded in funnel shape and applied to the nostrils, and this was frequently withdrawn for a moment to permit sufficient air to become mixed with the vapour.

The effects became first apparent by a slight jactitation of the head and staring of the eyes, followed by tossing about of the arms, efforts to arise from bed, and noisy inarticulate exclamations. The muscles were somewhat rigid; pulse good. Another fluidrachm was applied to the handkerchief and held a short distance from the nostrils, when he became more quiet, and the pulse calmer but good. Just as the third fluidrachm was about being poured on the handkerchief he was pronounced relaxed. At this moment foam appeared on the lips, the patient gave a stertorous inspiration and a convulsive extension of the limbs, and the pulse ceased in an instant. It is not certain that the patient ever breathed again.

Every effort at resuscitation failed.

Post-mortem eighteen hours after death. Externally, much congestion was apparent over the whole surface of the body, particularly of the face, neck and upper extremities; rigidity of the neck and limbs; discharge of frothy blood from the mouth during the night.

Sectio Cadaveris.—Much congestion of the vessels of the scalp on making the incisions, followed by slight discharge of blood, and the whole scalp appeared to be somewhat thickened by engorged blood-vessels. During the opening of the cranium about one pint of dark coloured blood flowed from the vessels. The dura mater and the pia mater were engorged with blood. The cortical substance of the cerebrum presented a normal appearance, but the medullary portion was punctatedly injected, dark blood oozing out on pressure.

On opening the lateral ventricles, a mixture of blood and serum was found, the right containing about a teaspoonful, the left somewhat less; the plexus choroides were greatly engorged with blood; and the corpora striata and other portions were injected. The right ventricle was more engorged in all parts than the left. The other ventricles presented a natural appearance. Both the arteries and veins of the surface of the cerebellum were filled with blood, and the two sets of vessels could be easily distinguished, the arteries being of a vermilion hue and the veins of a dark purple. The central substance (arbor vitæ, &c.) was diffusedly injected on the right in a much greater degree than on the left.

Thorax.—The lungs presented no unnatural appearance; the posterior portions were somewhat darkened by the gravitation of the circulating fluids. The pericardium contained something less than a teaspoonful of serum. The heart itself was of a healthy appearance—somewhat smaller than the usual standard; tissue solid: and perhaps there was a little more fatty matter about the auricles than usual, but nothing like fatty degeneration. It contained about four ounces of fluid blood, and the valves were perfectly healthy.

The patient was in the habit of indulging

in the free use of ardent spirits to intoxication.

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American Medical Association.—The fourteenth annual meeting of the American Medical Association will be held in Metropolitan Hall, city of Chicago, commencing on the first Tuesday in June next. Each regularly organized Medical Society is entitled to send one delegate for every ten of its members; and each Medical College is entitled to two delegates. It is desired that the names of delegates should be forwarded to the undersigned as soon after their appointment as practicable.

H. A. JOHNSON,
Assist. Secretary.

Chicago, Feb. 1, 1861.

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Anæsthesia.—The question of the entire immunity from danger which is claimed for Anæsthesia produced by Ether, being still under discussion, the Boston Society for Medical Improvement has appointed the undersigned a Committee "to investigate the alleged deaths from the inhalation of Sulphuric Ether, and to report thereon."

They would therefore request the Medical Profession, or any person into whose hands this may fall, to communicate to either of them such cases, coming within their own observation, as shall serve to this end; giving the place, time, and circumstances of their occurrence, with the mode of inhalation adopted, and, especially, information in regard to the following points:—

1st—*The kind of Ether used, whether pure Sulphuric Ether, Chloric Ether, or Ether combined with Chloroform.*

2d—*The period after inhalation at which death occurred.*—

Also any other facts which may enable them to form an opinion on the subject of their investigations.

Richard M. Hodges, M. D.
George Hayward, M. D.
Solomon D. Townsend, M. D.
Charles T. Jackson, M. D.
J. Baxter Upham, M. D.

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Jefferson Medical College, Philadelphia.—Dr. Chas. D. Meigs, the eminent Professor of Midwifery in this school has resigned his chair. The trustees, as an evidence of their high appreciation of his merits, have with great justice elected him emeritus Professor of Obstetrics. Dr. Meigs has with great liberality presented to the college his valuable museum collected by him to illustrate his lectures.

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Obituary Record.—Died in Philadelphia, March 4th, 1861, Thomas Harris, M. D., U. S. N., in the 78th year of his age. Dr. Harris was for many years chief of the Bureau of Medicine and Surgery of the U. S. Navy. He was a most accomplished and skilful practitioner and high-minded gentleman, and enjoyed the respect and confidence of a very large circle of friends.

——— in Philadelphia, March 3d, Dr. Wm. Harris, aged 68 years.

FOREIGN INTELLIGENCE.

Restoration of Animation.—Dr. Richardson in his third Lettsomian lecture made some extremely important remarks on this subject. The lecture opened with an experiment. A rabbit that had been killed with chloroform just previously, was operated on as follows: The chest was laid open, and the pericardium removed from the heart; a small opening was now made through the left ventricle, and a pipe was passed into the aorta and tied in the vessel; water, heated to 115° Fahr., was now slowly injected into the arteries, when every limb of the animal took on muscular action. This effect was kept up for some time; and when the injection was stopped to allow the lecturer to go on with his discourse, there were still brisk muscular movements. Commenting on this experiment, Dr. Richardson said that he had extended its operation to cases where death had been caused by drowning and by carbonic acid. After both these modes

of death, the same contractions could be produced; but they were less active than after death by chloroform.

Reasoning on the cause of the phenomena that had been shown, the lecturer said that caloric, in his opinion, is the relaxing force in muscle, and that contraction of muscle is due to a resolution of the caloric by the action of another—an electro-nerve—force.

The effects observed, the lecturer continued, could be so materially modified by heat, that by modification of degree he could make a muscle quiver, contract alternately, convulse, or become tetanic. The force called the *vis insita* of muscle by Haller, resolves itself into contraction of muscle on abstraction of caloric—an act which may thus take place without the interference of the nervous system.

In life the muscles act, however, under obedience to the will, through the agency of the nervous system. How this is brought about formed an interesting subject of discussion. On the point of nerve force, or electro-nerve force, Dr. Richardson advanced a view differing materially from that which is generally received. He taught that the special force residing in the nervous system is not generated specially in the ganglia or centres, but everywhere where there is nerve; that this force does not travel from the centres to the periphery, either in intermittent or continuous current, but exists, wherever there is nerve supplied by blood, in a state of equilibrium; and, lastly, that every impression made on the nervous system, and so on the brain, is not by a nerve acting as a specific conductor, but by a disturbance in the equilibrium of the nerve fluid altogether. This nerve force or fluid, at the instance of the will or of impressions made on it from the external world, exerts a counter influence in the muscular fibre to that which may be called the force of the muscle itself, or the force which holds the muscle in a state of passive elongation. Under this counter influence the diameter of the fibre is changed from the long to the transverse, so that, without losing in bulk, the muscle contracts and shortens.

After giving illustrative experiments, in which the calorific and the electrical forces were made to counterbalance each other in muscle, the lecturer added, that if he could disconnect from the nervous system every portion of muscle, and leave the nervous system entire as a great skeleton, with its blood supply still perfect, that system would exist as a motionless intelligence; while, on the other hand, if he could strip the muscular system of every portion of nerve, and leave the muscular skeleton with its attachments complete, and its circulation uninjured, that muscular skeleton would remain an unintelligent mechanism, requiring now the intelligential part of another and more perfect body to bring it into action and guide it in its course.

The last section of the lecture was on the subject of reanimation after certain forms of death. The lecturer's remarks in this section included the history of a long series of experimental researches on resuscitation, the most prolonged and varied researches perhaps in this direction that have been as yet instituted. Artificial respiration, electrization, and injection of various fluid substances into the circulation had been the means employed; but these had been varied and applied in a manifold manner. The history of these inquiries was so arranged as to bring out all the points of failure rather than successes, real or partial. The reasons why artificial respiration fails; why emphysema of the lungs is often a result after every mode of artificial insufflation; why the paralyzed heart cannot be restarted; why electricity exciting powerful contractions in voluntary muscles, so that the animal seems to relive, does not complete the process;—these and other analogous points were summed up with much precision and experimental argument. The failures related, though numerous, did not dishearten the lecturer, who asserted that all the facts leading to a definite mode of reanimation were probably in our hands, or soon would be, and that the problem is so near to solution that any day may bring it forth in all its magnificent solemnity.

The summary of the means to restore animation was thus given: Artifical respiration should always be first tried, in the hope that there may still be some remaining action of the heart. Artificial respiration after fifteen minutes need be used no longer. It will simply cause emphysema of the lungs. In every case where artificial respiration is used, it would be a great advantage to increase the temperature of the air inspired to 130° Fahr. In the receiving houses for the recently dead it would be

advisable to have a room, the air of which was heated to 130° or 150° for inspiration. If electricity be used, the feeble electro-magnetic current is best. In application the positive pole, insulated except at the extreme and probe-pointed end, should be passed down the external jugular vein to the heart, or through one of the arteries; the negative pole, insulated also to the tip, should be passed through the thoracic wall to the external surface of the cardiac structure. The last means, and the most promising, consists in endeavouring to inject the muscular structure of the heart with fresh warm blood, artificial respiration being meanwhile sustained. This injection can only be done by directing a stream of blood through an artery towards the heart. It remains still a desideratum to invent a fluid easy of construction out of the body, which shall in its properties in some measure represent blood itself.—*Lancet*, March 9, 1861.

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Persevering Frictions in Asphyxia.—The "*Bulletin de Thérapeutique*" mentions a case belonging to M. Pingault, of Poitiers, in which these frictions were successful. A young man had received in a duel a penetrating wound of the chest, and lay cold for fourteen hours, with very distant beats of the heart. During all this time, two men made vigorous frictions with hot towels which were handed to them; and, at the end of the fourteen hours, the pulsations became more frequent, and the patient finally recovered. A second case is mentioned, where version was performed in placenta prævia, and the lady was dying from hemorrhage. Three hours' frictions with hot spirits over the præcordial region, and on the whole body with hot towels, restored her.—*Lancet*, Feb. 23, 1861.

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Galvanism in Hallucinations. — The Paris correspondent of the *Lancet* writes: The employment of the continuous current of Voltaic electricity, as a therapeutical agent, in certain forms of chronic disease, is not by any means a new idea; but the recent application of a long-sustained electrical stimulus to the treatment of patients affected with hallucinations, as suggested by M. Baillarger, of the Salpétrière, has a decided claim to originality. In several cases of hallucination in connection with the sense of hearing, the efficacy of this method has been tested, and with most encouraging results. The first patient submitted to the above treatment was a single lady, aged sixty-four, who was admitted into the hospital in February, 1859. She stated, that a month previously, after a mental shock and sudden fright, she had begun to hear voices speaking and calling to her without any intermission. As this lady's health was indifferent at the time, a tonic course was prescribed and pursued for the space of a year, with the effect of improving the general state, but without modifying the hallucinations; on the contrary, the mental symptoms had assumed a more aggravated character, and the imaginary voices now accused the poor creature of lying, thieving, of devouring a child, &c., all of which charges she was beginning to believe as true, and her state of melancholy augmented accordingly. The treatment by electricity was now commenced. The extremities of two wires, in connection with a portable Voltaic pile, were imbedded in two small bits of sponge, and these were inserted, one into each of the patient's ears. On the day succeeding the application of the wires, the voices seemed less loud; a day later, they entirely ceased for a short time; and, after many alternations of improvement and relapse (during part of which the treatment had been virtually suspended from some defect in the battery), the hallucinations disappeared in the month of August to return no more, viz., six months after the commencement of the trial. In two other cases the cure has been equally complete, though practically, in these latter instances, as the malady was of a recent date (two months' standing), success, in a scientific point of view, is less important than in the one already narrated, where the perversion of the auditory sense had existed for a year previously.—*Lancet*, March 2, 1861.

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Revaccination.—The Report of the National Vaccine Board for the year 1860, has been presented to the Privy Council. The Board state in this report that, although smallpox has not prevailed in this country during the year to the same extent as in the preceding, it has nevertheless occurred sufficiently to keep alive the alarm which had been excited during the former period; but the experience of the Board, which has now extended over more than half a century, is entirely opposed to such alarm. Although

many cases of smallpox, some of them fatal, have occurred amongst persons reputed to have been vaccinated, it has been ascertained on close inquiry, that by far the larger proportion were either imperfectly vaccinated in the first instance, or were vaccinated only in infancy or childhood. The Board have no evidence whatever that the frequent repetition of vaccination is necessary or even desirable; but they state that many facts tend to render it not improbable that vaccination performed in infancy may lose its protective power after adolescence. On these grounds, they add, revaccination at an early adult age would appear desirable. The report is signed by Dr. Mayo, President of the College of Physicians, and by the senior censor; by Mr. South, President of the College of Surgeons; and by Mr. Simon, medical officer of the Privy Council. The Board supplied 219,490 charges of lymph in the course of the year.

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Smallpox.—The following interesting facts, related in the last Report of the Medical Officers of the Smallpox Hospital, are worthy of note.

"The medical officers stated that, in their last annual report, they had to call attention to the epidemic of smallpox, which had then been raging with greater intensity than had ever occurred before since the foundation of the hospital in 1746, there having been 91 patients in the hospital on December 31, 1859, while the number was only 27 for the corresponding period last year. The influence of that epidemic, however, had been felt in a marked degree during the past year up to July last, although there was some abatement in June; and consequently for more than half the year the average rate of admission had been more than 105 a month, while for the remainder of the year it had only been about 27 a month. Of the 875 patients admitted during the past year, 858 were cases of smallpox, one being a case of secondary smallpox—an attack of the casual disease after inoculation, and 17 cases of other eruptive diseases; of these 858 cases, 161 had occurred to unvaccinated persons, and 697 to those who had been vaccinated; the proportion of the vaccinated being, therefore, as large as 81 per cent. The number of deaths which had occurred —123—gave a mortality of 14 per cent. on the gross admissions; but one of these persons had died of disease of the lungs, another of scarlet fever, and nine were attributable to superadded or hospital disease. The mortality among the 161 unvaccinated cases was 56, or 34.78 per cent.; while among the 697 cases, it was but 66, or 9.46 per cent. The number of patients vaccinated at the hospital during the year had been 310."—*Brit. Med. Journ.*, Feb. 16, 1861.

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Tar and Copaiba.—M. Ricord has lately combined tar with copaiba in the treatment of gonorrhœa, this combination having been proposed by a pharmaceutical chemist to the Academy of Medicine. These substances are said to neutralize each other's noxious tastes, and the combination seems to prevent the sometimes unpleasant effects of the copaiba. The compound is administered in the form of capsules. Take 4 lb. 7 oz. of copaiba, 7 oz. of Norwegian tar, and 5 oz. of calcined magnesia, to make 4000 capsules. Dose, 15 capsules per diem. The same surgeon also combines the copaiba with pepsine and bismuth, to prevent the drastic effects of the balsam. Take 5 lb. 7 oz. of copaiba, 1 lb. 3 oz. of neutral pepsine, 4 oz. of trisnitrate of bismuth, and 6 oz. of calcined magnesia, to make 6000 capsules. Dose, from 15 to 18 per diem.

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Iodide of Ammonium in Constitutional Syphilis.—Dr. Gamberini, of Bologna, published some time ago a memoir on the advantages afforded by the employment of the iodide of ammonium in cases of constitutional syphilis. This practitioner again comes before the public with a fresh contingent of cases, in order to support the claims of this drug, and its superiority over the iodide of potassium. The merits upon which the author chiefly takes his stand, are those of equal efficacy in smaller doses and greater cheapness—both considerations not to be lost sight of either in hospital or private practice.—*Lancet*, March 2, 1861.

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Cod-liver Oil Pills.—This problem, which has for a time fruitlessly engaged the attention of pharmacists, has been definitely solved, and cod-liver oil may now be exhibited in a tasteless, inodorous and *solid* form. Physicians are sometimes backward in prescribing cod-liver oil as a remedy for the rusty and often immovable

mechanism of the human lock, on account of the natural repugnance shown by patients to its taste, odour, and oily nature. Numerous messes have been invented and described for doing away with its nauseous qualities; indeed, one person who used to advertise, in various journals, a method of rendering cod-liver oil palatable, must have made a small fortune in postage stamps, to judge from the number of times his advertisement made its appearance. We have been favoured by an eminent French pharmacist with a specimen of cod-liver oil pills, in which the chemical and curative principles of this medicine are contained in a concentrated form. They have the appearance of a small chocolate *bon-bon*, and, being tasteless and inodorous, may be kept in the mouth before swallowing without any unpleasant result. We are at present unauthorized to state the exact composition of these pills, and must confine ourselves to mentioning, that from the chemical analyses and medical experiments to which they have been submitted, their efficacy has been fully proved. The inventor deserves the gratitude of all who are condemned to take this disagreeable, but precious remedy. The manufacture of the extract has proved quite successful in France, and will be immediately commenced in this country. The invention is patented.—*Chem. and Druggist.*

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On the Movement of Rotation determined by Injuries to the Cerebellum.—M. Gratiolet lately read to the Academy of Sciences in his own name and in that of M. Manuel Leven, a memoir "On the Movement of Rotation determined by Injuries of the Cerebellum." The authors of this memoir have had in view the ascertaining of the immediate causes of the phenomenon of rotation observed in animals after injuries to the crura or to the lateral lobes of the cerebellum, and the explanation of the singular deviation of the eyes accompanying this movement. Through a small hole drilled in the occiput of an animal a cutting needle was introduced, and a vertical section of one of the lateral lobes of the cerebellum made towards its middle. The animal turned immediately towards the injured side, the eye on the sound side looking forwards and upwards, that on the injured side being carried in an exactly opposite direction. There were no symptoms of facial hemiplegia; the trunk was, as it were, twisted towards the injured side, the fore-legs being impelled in an opposite direction. The general sensibility of the animal was intact, the function of deglutition was performed with regularity, and both the senses of vision and hearing were perfect. The movements of rotation, generally continuous, could, if they ceased, always be reproduced by a trifling noise or menace—taking, in fact, the place of all regular locomotion, and being to a certain extent voluntary. On the day after the performance of the operation, the animal, fed with milk, by degrees ceased to turn, and lay down on the same side as the injury to the cerebellum; and in three or four days' time he was able to stand, and then later to walk in the direction of the food offered to him. Whilst executing the latter movement, the animal was seen to experience considerable difficulty in maintaining his head in the axis of his body. In this position, too, the peculiar strabismus before noticed was very marked; and if the animal's attention was by any means distracted from its object, the head would be seen gently to return towards the side of the lesion, until a certain and constant degree of deviation had been attained, at which moment the ocular divergence completely disappeared, and the eyes regained their normal and reciprocal equilibrium. But whenever the head returned towards the axis of the body, the squint was immediately reproduced. How is it to be explained that, as really occurs, within a few days after the section of the cerebellum, and whilst the wound of the brain is still open or filled with a clot, the animal is able to correct the species of traumatic illusion and regain the normal use of its limbs and eyes? That such is the case, not only MM. Gratiolet and Leven testify, but many other observers also, and chiefly M. Flourens. The latter physiologist has demonstrated by experiment that an animal almost entirely *deprived* of its cerebellar lobes can in course of time completely recover the power of co-ordination. M. Gratiolet offers an explanation of this fact by saying that, in reality, the injuries sustained by the cerebellum derange the automatic and involuntary principle of co-ordination only; but that when the cerebral lobes are entire, these are able, by a constant application of the will, to modify the altered automatic tendencies, and re-

endow the body with a new harmony.—*Lancet*, Dec. 29, 1860.

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Tea.—Dr. Edward Smith has related, at a meeting of the Society of Arts, the results of investigations as to the action of tea. They contradict preconceived notions, as well as the conclusions of previous observers. It has been stated by Boecher and others that tea has the power of preserving the tissues of the body from waste. The general conclusions of Dr. Smith are, however, that it hastens and facilitates the waste of the body. In every experiment, moderate quantities, uniformly and regularly increased the respiratory changes, so that there was an advance of from one-fourth to one-fifth in the quantity of carbonic acid which was evolved from the lungs; the greatest effects occurring in from forty to fifty minutes, and the whole effect subsiding in from an hour to an hour and a half. When the dose was divided, as 25 grains of tea every quarter of an hour for six doses, instead of 150 grains in one dose, the action was much more uniform and sustained—a point of some interest in relation to the posology of medicines. Dr. Smith states that tea exerts an action in increasing the perspiration by the skin. Therefore he agrees with the Chinese that it is "of a cooling nature," and especially if taken with hot water, "when the perspiration becomes oftentimes very profuse, and the subsequent cooling proportionately rapid." We are not, however, disposed to admit that a drink which produces profuse perspiration is therefore a cooling drink. All hot fluids will do this, and perspiration is a means of coolness, but certainly far from a test of it. Few people, except perhaps a very refined physiologist, on seeing a man sweating in the sun, or perspiring after a draught of hot fluid, would say, "See how that man is cooling himself." And more expeditious means for cooling oneself could certainly be devised than that of inducing profuse perspiration. Ginger, salt, or lemon, Dr. Smith observes, when added to the tea, will counteract its cooling property. In fine, he concluded that the essential effect of tea is to promote all vital actions, and to augment the functional activity of the skin. Hence it increases the assimilation of the food, both of the flesh and heat-forming kinds, and, with abundance of aliment, it must promote nutrition, whilst, in the absence of sufficient food, it increases the waste of the body.

Amongst the conclusions which Dr. Smith draws are, that tea should not be taken at breakfast, except there remains unused food from the supper on the previous night, or except the system be usually too full of nutritive material, as in those who dine heartily at a late hour; nor with our principal meals, or those at which we take the greater part of our animal food, for after such meals a dry and hot skin—that is, lessened action of the skin—is a natural effect, and this would be opposed by the tea.

This does not leave a very wide margin of time for its consumption, although it allows tea to be taken an hour or two after dinner—when, in fact, it commonly is taken.

Dr. Smith deserves great credit for laboriously working out these conclusions and, as one speaker said, thus persecuting himself from day to day. Amid much that is interesting and important, we regret to find but little reference to the action of tea on the nervous system. You can kill a frog with half a grain of theine; and every one can bear testimony to the influence of black and green tea on the cerebral functions and on the nervous system. These effects are not to be confounded with merely chemical changes, and this part of the subject especially requires further study.—*Lancet*, Feb. 23, 1861.

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Influence of the Recent Cold Weather in London on Hospital Practice.—It might have been expected that the fortnight or more of unusually severe cold which we experienced immediately before and about the commencement of the New Year, would have been productive of very noticeable effects on the health of the poorer classes. More especially might such have been anticipated from the circumstance that the period referred to was to many one of great privation, as regards food, fuel, and clothing. The Registrar's Reports prove that it was one of very greatly increased mortality. As regards the practice of our large hospitals we have not, however, been able, after rather extensive inquiries, to make out that any very appreciable influence has been noticed. No particular class of diseases has been unduly prevalent, with the exception, perhaps, of broncho-pneumonia,

which, according to the impressions of most physicians, has been very common. It may, perhaps, not be uninteresting to our readers if we glance briefly at some facts, most of them negative, which have come to our knowledge in the course of visits to the different hospitals.

All familiar with the social habits of the poorer classes, are acquainted with the fact that hospitals clear out rather extensively about Christmas. The present winter has, we believe, been no exception to this rule; and, despite the distress believed to be prevalent, most of our larger institutions had numerous vacant beds during Christmas week. During the early part of the frost the number of accidents from falls was very large indeed. What with broken collar-bones, fractures of the humerus, Colles' fracture of the radius, etc., the casualty dressers at the larger hospitals were almost unremittingly employed. At the London Hospital during one day, no fewer than five dislocations of the elbow backwards required reduction, and the same accident was noticed as very common at other hospitals. Of the severer class of injuries, compound fractures, etc., there was no unusual prevalence, a circumstance which is, perhaps, explained by the less than usual extent of Christmas drunkenness, owing to the want of money among a large portion of the labouring poor.

Of severe frost-bites we have heard scarcely anything. In one instance a coloured sailor was brought to the London Hospital, with both feet frost-bitten, and died of tetanus a week later. No other similar case has been admitted into that hospital, or as far as our inquiries have extended, into any of the others.

Chilblains have been common in the out-patients' rooms, and became so more especially after the thaw set in, and whitlows also have been frequent; but neither of these affections appear from general report to have been more prevalent than they usually are at this time of the year.

That cases of cerebral apoplexy have been remarkably frequent has been a matter of common observation, and to this fact the Registrar-General's Reports have borne testimony. Our General Hospitals, however, do not appear to have experienced any material increase of their usual ratio of these cases. At the Moorfields Ophthalmic Hospital it so happened that almost no new cases of apoplexy of the retina were registered during the cold weather, nor has there been any increase in the average proportion since the thaw. The report of all Ophthalmic Surgeons with whom we have conversed, was that they had not noticed any cases of eye disease in which the coldness of the weather was supposed to have been the producing cause. In connection with the subject of apoplexy and ruptured arteries, we may just note that an unusual number of aneurism cases are at present under treatment in the various hospitals. This may, however, be merely a coincidence, as rare examples of disease are often noticed to come in batches.

Amongst the diseases which were very frequent during the cold, but respecting which it is difficult to explain its influence, was strangulated hernia. At the London Hospital during one week four cases required operation, the average of the year being about one a week; and a similar ratio of increase was, we believe, observed at some other institutions. To a certain extent, the same causes which increase the number of fractures and dislocations are likely to increase also that of strangulated herniæ; but few, however, of the patients in whose cases we had the opportunity of inquiry, referred the descent of slips in walking. One man who had been operated on for inguinal hernia, averred that his protrusion had occurred in consequence of his being "perished with cold," and without any straining whatever. He had felt the cold very acutely through the day, and whilst lying in bed awake and exceedingly starved, the hernia slipped down, and "he felt as though he could not help it." The expressions which he used suggested the possibility of there being a state of benumbing from extreme cold during which the reflex activity of the muscles tending to prevent hernia is partially suspended.

Boils and carbuncles have been frequent, as they always are in the winter months, but not more than usually so during the frost; cold and damp probably have more to do with the production of them than has clear frosty weather.—*Med. Times and Gaz.*, Feb. 16, 1861.

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Obituary Record.—Died, Jan. 15, at Geneva, Dr. J. P. Maunoir, aged 93, well known as an accomplished ophthalmic surgeon, and as a skilful physician.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Diphtheria: its Symptoms and Treatment. By WILLIAM JENNER, M. D., Special Professor of Clinical Medicine, University College; Physician to University College Hospital; the Hospital for Sick Children, etc.[1] Delivered to the Medical Clinical Class at University College Hospital.

LECTURE I.—*Description of Diphtheria; Pathological Appearances in Diphtheria; Varieties of Diphtheria, Mild, Inflammatory, Insidious, Nasal, Primary, Laryngeal, Asthenic; Septicæmia as a Consequence of Diphtheria; Duration of Diphtheria; Emphysema in Diphtheria.*

GENTLEMEN: On the table are several pieces of "false membrane," coughed up by a young gentleman twenty-one years of age, while suffering from diphtheria; also

[1] "Thinking" the author says, "that even an imperfect and incomplete account of the present epidemic of diphtheria in London, by a practitioner who has seen most of its severer phases, would be acceptable to the profession, I determined to publish my experience. The symptoms of diphtheria, during the present epidemic, agree in all essential particulars with those observed in past epidemics. Indeed my study of the histories of epidemic and other diseases, leads me to the conclusion that diseases preserve their essential characters and natures from age to age, while the opinions of the profession respecting them and their treatment change from year to year. This change seems to be sometimes the result of the personal sway of some influential teacher—sometimes the result of real advances in pathology and therapeutics.

"The Lectures are dogmatical in tone, because they were addressed to students; and I believe dogmatism to be essential for successful student-teaching. I endeavoured to make them practical in regard of diagnosis and treatment, because they were delivered to a clinical class. The details of the cases are few, partly because the majority of the patients were seen in private, and partly because I have found that students are more confused than instructed, when copious details of a case are placed before them.

"Since the Lectures were delivered, several other cases of diphtheria have come under my observation. Some of these having presented special points of interest, or peculiarities illustrating general statements in the Lectures, I have added materially to the text, and slightly modified its arrangement."

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the pharynx, larynx, and lymphatic glands connected with those parts, from two children who died a few days since from the same disease.

Diphtheria is one of the acute specific diseases; that is to say, it is a general disease, runs a quick and definite course, and has a specific cause. Its anatomical character is—spreading inflammation of the mucous membrane of the pharynx, attended by exudation of lymph.

About three years since, diphtheria became epidemic in London. Since the early part of 1858, I have seen about fifty-eight cases, of which thirty-four have proved fatal.[1] And these cases have, with few exceptions, been scattered over the district bounded on the south by Holborn and Oxford Street, on the north by the Highgate and Hampstead hills, on the east by Hackney, and on the west by Shepherd's Bush: they may be considered to represent the general characters of the epidemic in its severer forms in the north of London. As several of the cases occurred within the last three weeks, and as they differed in no essential particulars from some of the cases I saw three years ago, I conclude that the epidemic preserves its original characters.

As in the other acute specific diseases, so in diphtheria, the general or the local symptoms may predominate, and give its special feature to the case. The patient may die from the severity of the general disease, or he may die from the severity of some one of its local consequences. In this particular, diphtheria bears a closer affinity to typhoid fever than to any of the other acute specific diseases; for in typhoid fever, as you know, the patient may die of the general affection: *i. e.*, of the fever; or, the symptoms of the general disease being trifling in the extreme, he may die of a local consequence of the fever, *e. g.*, perforation of the bowel. Diphtheria is by no means new to England. I have seen cases of it every now and then, as long as I have practised medicine, and the writings of the older English physicians prove that, from time to time, it has been epidemic, or very common, in many parts of England. You will understand, however, that I am to day describing diphtheria as it presented itself in the cases from which the preparations on the table and under the microscope were obtained, and from the other cases of the disease which I have seen during the past three years. I have told you that the anatomical character of diphtheria is spreading inflammation of the pharynx, attended by exudation of lymph. It may be that the mucous membrane covering one of the tonsils is the primary seat of the exudation, or it may be that the arches of the palate, the posterior surface of the soft palate, the uvula, the nares, or the mucous membrane of the pharynx itself is the starting-point of the local lesion. At first there is redness and some swelling of the parts, and perhaps a little excess of mucus on them; then a white or gray patch, due to the presence of a layer of lymph, is seen on the reddened surface. Usually the redness involves the whole mucous membrane within reach of the eye, posterior to, and inclusive of, the anterior arches of the palate, before any lymph is exuded. Sometimes you see at once many little points of lymph: sometimes only one. Thus starting from one or many centres, the exudation spreads anteriorly on to the soft palate, upwards to the posterior nares, and downwards to the upper surface of the epiglottis, and, if not arrested by nature or by art, it descends into the larynx, the trachea, and the bronchi. I have seen, though not during the present epidemic, the lymph extend into the œsophagus and stomach.

Tear off, during life, the lymph from the mucous membrane of the pharynx, and you expose a raw, bleeding surface, which in a few hours is covered by a new layer of lymph.

I have spoken of lymph, but included under the word lymph are a variety of very different looking substances. Sometimes the lymph has a granular appearance and very little consistence or tenacity; sometimes the part is covered with a thinner or thicker coating of a white or gray pulpy substance; so thin, soft, and separated from each other may be the little particles which together form the coating of lymph, that we cannot apply to it, correctly at least, the term membrane; for no shred of lymph can be stripped from the surface. At other times the layer of lymph is very tough, elastic, and as much as one eighth of an

[1] From these numbers it is not to be concluded that half the cases of diphtheria prove fatal, seeing that a very large proportion of the 58 cases came under my observation solely because of their extreme gravity, many of the patients being in a dying state.

inch in thickness. In the one case, the lymph resembles cream in appearance and consistence; in the other, it resembles wash-leather. Between the two extremes we meet with all intermediate conditions as regards consistence and tenacity.

Pus, granular corpuscles, oleo-protein granules, and epithelium, constitute the bulk of the softer forms of the so-called lymph; such fibres as we see in the buffy coat of blood coagula constitute the bulk of the toughest varieties of "lymph." Now and then, ulceration, and even sloughing, of a superficial layer of the subjacent mucous membrane occurs; and blood and pus, and semi-detached pieces of lymph may form fetid shreds of some size.

As to the presence of vegetable growths in the diphtheritic exudation, no doubt they have occasionally been seen; but I am sure they have not been present in several cases I have carefully examined; consequently, I feel satisfied that epiphytes have played no essential or important part in the cases of diphtheria I have seen.

At the bedside, and in this room, I have seized every opportunity of impressing on you the general fact, that when a part is severely or deeply inflamed, the lymphatic glands to which the lymphatics of the inflamed part lead, become the seat of active congestion, and ultimately of inflammatory exudation. In diphtheria we have an illustration of this general law, for the lymphatic glands, to which the lymphatics of the pharynx, &c. lead, are found to be larger, redder, and moister than natural; and, if the disease has continued long, to have that peculiar brittleness, and pale, but brightish red colour, which are characteristic of the presence of inflammatory exudation in the glands. During life we feel the enlarged lymphatic glands behind the angle of the lower jaw on either side, as well as down the neck by the sides of the larynx when that organ is involved in the inflammation. When the discharges from the pharynx are fetid, and the mucous membrane is sloughy, not only are the glands behind the angles of the jaw enlarged, but the cellular tissue in which they are placed is the seat of effusion of serosity, and even of exudation of lymph, and very great general swelling of the part is the result.[1]

After death from diphtheria, too, we find that the inflammation of the pharynx has not been limited to the mucous membrane, or even to it and the submucous tissue, for the deeper parts are thickened and toughened. The contraction of the exudation poured into those parts is sufficient, in many cases, to diminish considerably the capacity of the pharynx, its mucous membrane being thrown, partly from this cause, and partly from its own swollen condition, into longitudinal rugæ. Acute pulmonary vesicular emphysema, the result of the obstacle to expiration produced by the imperfect occlusion of the larynx and trachea; collapse of lung tissue from the combined effects of lymph or mucus in the smaller bronchial tubes leading to the collapsed tissue, and of the impediment to deep coughing offered by the state of the larynx; pneumonia, lobar or lobular, primary, or, as is more commonly the case, secondary to collapse of lung tissue; some congestion of the spleen, of the liver, and of the kidneys, induced mechanically by the state of the lungs; and enlargement of lymphatic glands at a distance from and no ways related to the pharynx—are all the lesions additional to those constituting its anatomical character, which I have found after death from diphtheria during the present epidemic.[2]

The specimens on the table illustrate much of what I have just told you.

In one (specimen 1) we see the reddened mucous membrane of the pharynx, larynx, trachea, and larger bronchi. On the mucous membrane of the pharynx and larynx is a layer of the granular or pulpy variety of lymph; as we reach the trachea, the lymph gains in consistence, so that, towards the middle of the trachea, it can be raised as a distinct membraniform layer; where it can be so raised, its under surface is, here and there, crimson, from a little blood. The

[1] Trousseau attaches much diagnostic value to the enlargement of the lymphatic glands of the neck in diphtheria. I cannot agree with him on this point. The enlargement of the glands has been—in the cases of diphtheria which I have seen—in proportion to the severity and depth of the local, nasal, pharyngeal, laryngeal, and tracheal disease. I have never seen it greater in proportion to the local primary mischief, than in other forms of cynanche pharyngea. In children generally, the swelling of the glands, other things being equal, is greater than it is in adults; and in strumous children the enlargement is always greater, other things being equal, than it is in rickety or in healthy children.

[2] I have seen (though not during the last three years) the exudative inflammation spread down the œsophagus and the stomach, and the mucous membrane of those parts, as a consequence, covered with lymph.

uvula is all but *gone* from sloughing, and there is a minute slough on one tonsil. On removing the lymph from the epiglottis, we see a little ulceration of its mucous membrane. The whole tract of mucous membrane covered by lymph is bright crimson and thickened. The microscope shows us that the softest lymph is composed of pus corpuscles—the pyoid corpuscles of Lebert, and other smaller and larger granular corpuscles, epithelium, and oleo-protein granules; and, though we have used reagents to render the animal matter transparent, no vegetable growths can be detected.

In the second specimen we have a good example of the thick, tough, elastic variety of lymph. In both these cases the local disease extended from the pharynx to the larynx, trachea, and bronchi. If you examine the lungs on the table, you will see that the mucous membrane of the first, second, and third divisions of the bronchi is coated with lymph. The largest piece of the tough lymph (specimen 2) is in the form of a hollow tube, and is evidently a cast of the inside of the trachea. Extending from some of the larger portions are branches, which appear to have been formed in the bronchi. I have placed a little of this tough variety of lymph under the microscope, and you will note the imperfectly fibrous appearance it presents.

In the third specimen on the table, the lymph coats many even of the very smallest bronchi, as well as the larynx, trachea, and large bronchi. The presence of the lymph and mucus in the smallest bronchial tubes, dependent partly on the state of the larynx and trachea, preventing deep coughing, has led to the collapse of the lung tissue: pneumonia, lobar and lobular, has followed. The child from which this specimen was removed was the subject of rickets. Its trachea was opened during life. You will observe that there is neither collapse nor pneumonia of the lung in the first case; the false membrane, as it is called, does not extend beyond the larger bronchi, and the lungs are the seat of acute vesicular emphysema.

As the lymphatic glands connected with the pharynx and larynx are still attached, you see that they are considerably larger, as well as redder and more brittle, than they should be. In neither specimen are the tonsils much larger than normal; but all the tissues of the pharynx and soft palate are thickened in the first specimen; while in the third specimen there is a point worthy of your note, of the highest importance, viz., that, while the larynx, trachea, and bronchi are coated with lymph, there is but a small patch on the pharyngeal mucous membrane; that patch is limited to the posterior wall of the pharynx, and is not in the least degree continuous with the lymph in the larynx. There were here, then, two separate centres of exudation, and the laryngeal exudation occurred for some time before the pharyngeal. The exudative inflammation did not spread from the larynx to the pharynx. The laryngeal symptoms were urgent before the pharynx was in any way affected, and you see most clearly that there is no continuity between the lymph in the larynx and that in the pharynx; that the latter is situated at some distance from the former. In the first case the exudative inflammation began in the pharynx, and spread to the larynx; and we see that the layer of lymph in the pharynx is continuous with that on the larynx, the continuity being well seen on the aryteno-epiglottidean folds. Observe for yourselves the differences in this particular in the two specimens.

The most practical way of making you acquainted with the symptoms of diphtheria, including those which were present in the cases parts of which are before you, will be, I think, to group the cases I have seen, so as to constitute varieties.

First Variety.—*The mild form of diphtheria.*—There are cases in which the general symptoms and the local lesions are trifling, and no sequelæ follow. Of these mild, but unequivocal cases of diphtheria, I have seen only seven; viz., three out-patients at the Hospital for Sick Children, and four cases in private practice.

Here are the particulars of a case of this kind I saw with Dr. Hawkesley.

The patient was six years of age. She had long had chronic enlargement of the tonsils, and suffered occasionally from acute inflammation of the tonsils. In the attack of diphtheria, inflammation of the mucous membrane covering the tonsils and arches of the palate, but very trifling in degree, preceded for some days the exudation of lymph. When the exudation occurred, it was seated between the uvula and the tonsils, on the anterior arches of the palate. In addition to the exudation of lymph, trifling febrile disturbance, the least possible sore-

ness of the throat in swallowing, and a little more swelling of the glands near to the angle of the jaw that is always present in this child, were all the ailments in the case. Dr. Hawkesley examined the urine daily, but no albumen was present, and no affection of the nervous system followed.[1]

Second Variety. — *The inflammatory form of diphtheria.*—Symptoms of severe cynanche pharyngea precede the exudation of lymph in what may be called the inflammatory form of diphtheria. There is, in this variety of the disease, redness, and swelling of the mucous membrane covering the arches of the palate, the uvula, and the tonsils. The redness is in some cases vivid, in others dusky. The swelling of the uvula is frequently considerable, and it often has, from effusion of serosity into the submucous tissue, a jelly-like transparency and aspect. The pain in the act of swallowing is great, so that occasionally deglutition is, from this cause, almost impossible. The febrile disturbance may be extreme, or moderate; the pulse is frequent, but soon becomes weak; there is considerable sense of weakness and of illness. From twelve to forty-eight hours from the first symptoms of throat affection, a layer, more or less extensive, of tough lymph coats the inflamed surface, and when death follows, it does so from extension of the exudative inflammation to the larynx, trachea, &c.

Let me give you an outline of some cases of the inflammatory form of diphtheria.

Dr. E. called on me one morning, complaining that he felt extremely ill and weak, and that his throat was very sore. I found his pulse rapid, but not strong; his skin hot. On examining his throat the arches of the palate and all the parts visible beyond were deep but dusky red and swollen—the uvula was œdematous, the effort to swallow caused severe pain. In three days all the previously red parts were covered by a thick layer of tough lymph, having the colour and general appearance of wash-leather. The disease did not extend to the larynx, and Dr. E. recovered.

Mr. A., who expectorated the cast of the trachea on the table, was a patient of Mr. Pearse, of Tavistock Square. Feeling poorly, Mr. A. left home on last Thursday fortnight, for two or three days—on the Monday following, Mr. Pearse examined his throat, found it dusky-red, and the uvula to have that peculiar gelatinous aspect which indicates submucous serous effusion. On the next day Mr. Pearse observed patches of lymph on the right tonsil and on the uvula. On Friday, not only was there a layer of lymph covering the uvula, arches of the palate, part of the soft palate, and the pharynx, but, by depressing the tongue, we could see the erect epiglottis covered with the same tough lymph. That the patient's larynx was affected was shown by his husky whispering voice, the necessity he was under of sitting erect in bed, the recession of the soft parts of the chest walls when he inspired, the lengthened inspiration, the lividity of his lips, the fulness of his eyes, and the venous injection of his conjunctivæ.

His urine was loaded with lithates; it contained a considerable quantity of albumen, and a very few granular casts of tubes. There is a specimen of the urine on the table, and I have placed some of it under the microscope. A large number of crystals of uric acid have formed in it since it was passed. On Saturday night he coughed up the cast of the trachea on the table, with temporary relief to the breathing. Many large pieces of membraniform lymph were coughed and hawked up the next day, but on Sunday afternoon he died somewhat suddenly. His pulse on Friday was 120; on Saturday 130; and on Sunday midday as frequent. Of seven cases I have seen referable to this variety, three proved fatal; one forty-eight hours from the first symptom, and one (Mr. A.'s) so late as the eleventh day of illness,[1] and all by extension of the exudation to the larynx.

[1] This variety of diphtheria is doubtless more common than my personal experience would lead me to suppose. It is probable, also, that there are many inflamed throats which have their origin, when diphtheria is epidemic, in the diphtheria miasm, whatever that may be, just as many cases of diarrhœa originate in cholera miasm, when that disease is epidemic. And it is as difficult to say in some cases that an inflamed pharynx is not due to mild diphtheria, as it is to say that a serous diarrhœa is not cholera. Of course one or more members of a family having exudation on to the pharyngeal mucous membrane, and others at the same time having merely inflamed throats, would be strong presumptive evidence that the latter had diphtheria without exudation. As when two children of a family have scarlatina with rash, and a third, at the same time, just before, or just after, has sore throat without rash, we consider there is strong presumptive evidence that the latter was a case of scarlatina sine eruptione. In describing diphtheria in these lectures, however, I have drawn my description from those cases only in which exudation has occurred.

[1] If the diphtheria began on the Monday, then Mr. A. died on the seventh day of illness.

The following is a mild case of the inflammatory form of diphtheria: Eliza R., aged 20, had been in constant attendance on Dr. E. On March the 13th, 1858, she began to feel ill, with sense of weakness and general lassitude. Her throat at this time was slightly sore; her skin was hot, her pulse quick, her bowels confined; she was thirsty, without appetite, and had constant nausea. I saw her on the 18th, when there was, in addition to these symptoms, a patch of lymph on the left tonsil which was red and swollen. On the 20th, she was admitted into this hospital. On this, the eighth day of illness, her skin was still hot, and her pulse frequent but not particularly weak. There was some swelling and tenderness just outside the angle of the jaw on the left side, the lymphatic glands down each side of the neck were enlarged and tender, deglutition was painful, and the voice was hoarse. The patch of lymph noted on the enlarged left tonsil on the 18th had increased in size; it was removed by a pair of forceps, and a raw, red, bleeding surface was exposed. The arches of the palate were very red; and the tongue was covered with a white fur; there was no albumen in the urine.

When rapidly convalescing from the diphtheria, she had, on the 24th of March, an attack of acute rheumatism, from which she recovered in little more than a week, and left the hospital well.[1]

I must add yet one other case of this form of diphtheria, the constitutional disturbance in this case being even less than in Elizabeth R.

Thomas C., aged 33, a night railway-porter, a strong made and generally healthy man, was admitted into this hospital on Sunday, April 4th. 1858.

This man awoke at nine o'clock on the morning of his admission into the hospital (having felt quite well on going to bed a few hours before) with a sensation of "swelling in his throat." The effort to swallow caused intense pain. The surgeon, whom he at once consulted, touched his throat with nitrate of silver. At one o'clock he was seen by my assistant, Dr. Pougnet; the uvula was then so enormously enlarged, "as thick as the little finger," that he could not see into the pharynx.

[1] In one case several joints were swollen, hot, and tender during the attack. The patient recovered.

I saw the man on Monday, *i. e.* the second day of his illness. The uvula was as large as on his admission; its anterior surface was covered with lymph, and when it was raised, on its posterior surface was found a transparent whitish layer of lymph which could be peeled off with a pair of forceps. There was a small patch of lymph extending from the uvula on to the soft palate, which was generally of a bright red colour. The pharynx and tonsils were free from lymph. The lymphatic glands at the angles of the lower jaw, and down the neck on each side of the larynx, were larger than natural, and tender. On the next day the uvula was unchanged in appearance, but the arches of the palate were very red, and dotted over with small patches of opaque white lymph. On Wednesday, *i. e.* the fourth day of disease, the uvula had diminished in size, but the exudation on it formed a thick tough layer. There was a small patch of lymph on the right tonsil. The pain in deglutition was still very great.

On the sixth day the man's general state and local lesion had considerably improved; he looked much better.

Up to this time his pulse had ranged from 88 to 96, and on the fourth day it was noted to be full and hard. The temperature ranged from 99° to 100° Fahrenheit, and on the fourth and fifth days the skin was noted to be hot and dry: before and after that it felt cool to the hand.

On the tenth day the man was almost well, only his uvula was rather redder and larger than natural.

Third Variety.—*The insidious form of diphtheria.*—In the cases referable to this head there is no severity in the general symptoms, no marked soreness of throat, no notable swelling of the lymphatic glands, but suddenly and, if the pharynx has not been examined, unexpectedly, laryngeal symptoms supervene, and death rapidly follows from suffocation. If the pharynx be not examined the disease is confounded with primary croup.

A child, aged about six years, living in a villa near the Brecknock Arms, had suffered for some days from slight sore throat, but was not thought to be sufficiently ill to require medical advice, or even to be kept in the house, when the sudden occurrence of "croupy" breathing excited alarm. Mr. Baly, of Kentish Town, was called to the child. He found that the pharynx was

covered with lymph, and that the larynx was deeply involved in the disease. About two P. M., within an hour of Mr. Baly's first visit, I saw the child with him; the friends declined to allow tracheotomy to be performed; the same afternoon the child died.

Ten days since I saw a similar case a few hours before death, with Mr. Noyce, of Brecknock Crescent. Several children of the family had just suffered, and recovered without treatment, from sore throat. They had been, in the parents' estimation, worse than was our little patient (æt. 6), when her croupy breathing excited their alarm. The friends declined to allow tracheotomy to be performed, and the child died within forty-eight hours from the supervention of the first laryngeal symptoms.

A child, aged about six years, had suffered for two or three days from sore throat. The surgeon who saw the child before the father left home in the morning assured him that the disease was trifling. On the father's return, late at night, the croupy breathing excited his alarm. I saw the child, with the surgeon, about midnight. There was then rapid pulse, husky whispering voice, shrill respiration, and great dyspnœa. Before seven o'clock in the morning the child was dead.

The infant child, aged eleven months, of a surgeon, had for a day or two slight symptoms of sore throat. The father's fears, although he is an anxious parent and a most intelligent and experienced practitioner, were not excited till between ten and eleven at night, when he noticed for the first time laryngeal breathing. The extreme recession of the softer parts of the chest walls during inspiration proved the impediment to the passage of the air through the larynx There was a little lymph on the pharyngeal mucous membrane when I saw the child about eleven P. M. Before morning it was dead. These cases will impress on you the importance of examining carefully the pharynx in every case, even the most trifling, of sore throat.

Fourth Variety.—*The nasal form of diphtheria.*—Another set of cases constitute what has been termed the nasal form of diphtheria. After some febrile disturbance of low type, a sanious discharge from the nose attracts attention; then the glands about the angles of the jaw swell; the arches of the palate and the tonsils are found to be red and swollen; muco-purulent fluid bubbles in quantity from the narrow isthmus faucium, and prevents you obtaining a clear view of the pharyngeal mucous membrane. After a few days the disease subsides, and you remain in doubt as to its nature; or it spreads to the larynx, and the diagnosis becomes easy, and death enables you to verify it; or some other member of the family or an attendant sickens with unmistakable symptoms of diphtheria. Or the disease begins with trifling sanious discharge from the nares; the lymphatic glands are scarcely at all affected, and the nature of the disease is not even suspected till death is imminent from suffocation; or again, when the exudation reaches the pharynx, the pharyngeal symptoms may be most distressing, and lead to inspection of the part and the detection of the disease.

In November, 1859, I saw, with Dr. Carlill, of Bernera Street, a very interesting case of nasal diphtheria, remarkable especially for the difficulty of the diagnosis, even at a time when serious symptoms were present. The patient was a girl aged two years. The parents first observed that the child had a little sanious discharge from the nose, and was very decidedly out of health. The discharge from the nose had ceased when I saw the child. There was no enlargement of the lymphatic glands of the neck. The great feature in the case at that time was frequent vomiting. Almost every attempt to swallow was followed by efforts of vomiting, and the forcible ejection of fluids through mouth and nose. As the vomiting seemed sometimes to come on before the fluids could have reached the stomach, the throat was inspected by both Dr. Carlill and myself; nothing wrong in it could, however, be detected. Although the nature of the case was obscure, the whole group of symptoms present led us to the opinion that they were the consequence of disordered innervation from cerebral disturbance, rather than the result of any throat affection. "Two days," Dr. Carlill wrote me, "after you visited her, I saw a thin pellicle partly covering the velum pendulum palati, and partly detached and hanging down into the mouth. She died the next day, never having been able to swallow more than a small part of what was given her for about six days." The immediate cause of death was the

extension of the exudation to the larynx; the child died from suffocation, as in primary croup.

The following case of nasal diphtheria possesses special interest from the chief evidence in favour of the diagnosis being the communication of the disease to another—just the kind of evidence which we consider conclusive in regard of the nature of some obscure cases of scarlet fever.

Master P., aged about two years, suffered some febrile disturbance of low type, and profuse muco-purulent discharge from the nares, and redness and swelling of the velum pendulum palati, uvula, arches of the palate, and tonsils; the posterior wall of the pharynx was not very clearly to be seen, in consequence of the large quantity of muco-purulent fluid that bubbled in the pharynx. Dr. Carlill, whose patients this little one and his brother, less severely but similarly affected, were, thought the cases were true diphtheria. I had considerable doubt on the point. At any rate, as we could see no lymph, and the larynx was not affected, I hesitated to admit it. Dr. Carlill was in attendance from the 15th to the 28th of March, 1860, and a lotion was injected into the nares and throat by Dr. Carlill daily, from the 15th to the 25th. On two occasions Dr. Carlill remembered distinctly that the child coughed some sputa into his face. On April 2d, Dr. Carlill was himself attacked by diphtheria.

Had the child whose case I am now about to relate recovered, and had not the child in the next bed suffered within a few days from unquestionable diphtheria, doubts as to the nature of the disease under which it suffered might have been felt.

William W., aged two years and three months, a delicate child, the subject of rickets, was admitted into the Hospital for Sick Children on the 31st of December, 1860, the rash of measles having appeared on that day. The rash came out full and well; from the first there were abundant sonorous and mucous rhonchi audible over the whole chest. On the 3d of January, that is, the fourth day of the eruption, there was much discharge from the nose, and a little ulceration of the orifice of the nares. His appetite was good, there was no difficulty in swallowing; the skin was very hot.

By ten o'clock the same night a marked change had taken place in the child, and the following notes of its state were made by Mr. Sydney Ringer, the very able Medical Registrar to the Hospital:—

"Child prostrate; pulse 160, weak; respirations hurried but not laborious; no lividity of the face or body. Abundant dirty muco-purulent discharge from the right nostril. Fauces, uvula, and tonsils red, and very much swollen, and covered with thick tenacious mucus. No exudation can be seen, but then the thick mucus in the pharynx prevents a perfect inspection of the parts." At nine A. M. the fifth day of eruption, the child was weaker, but could still swallow solids and fluids, and apparently without difficulty. The eruption was well out.

About one P. M. the nurse raised the child's head, in order to give it some food—it fell back and died without a struggle.

The body was examined the next day. The lungs were the seat of extensive acute emphysema, and of a little collapse. The lymphatic glands along the trachea were not enlarged; those behind the angles of the lower jaw were only just perceptible to touch before the integuments over them were divided. The whole substance of the *velum pendulum palati* and uvula was considerably thickened and toughened. The cavity of the pharynx was smaller than natural, the mucous and submucous tissues thickened; the mucous membrane was bright red, and elevated into rugæ. Here and there, on the surface of the mucous membrane at the upper part of the pharynx in the vicinity of the posterior nares was a little lymph, granular in form, very soft, and easily removed by scraping with the knife, nowhere forming a continuous layer. The *aryteno-epiglottidean* folds were greatly thickened, the epiglottis also decidedly but less thickened. The mucous membrane of the larynx was less smooth and polished, and at the same time redder than it should be, and the *chordæ vocales* were more spongy looking than natural. The abnormities of the larynx were all insignificant in degree—perhaps such as are often present in measles. The lesions of the upper part of the pharynx were decided, although still trifling; they were the result of nasal diphtheria complicating the measles. The child probably died at so early a period of the diphtheria, in consequence of the weakness resulting from the severe attack of measles under which it was suffering at the time the

diphtheria supervened, and its natural delicacy of constitution (it was not only ricketty but also tubercular). The cause of death was asthenia.

As if to prove to us the nature of this case, the child in the next bed sickened with well-marked diphtheria within twelve hours of William W.'s death. In twenty-four hours from the first symptoms of illness, its trachea was opened by Mr. Berkley Hill, death by suffocation being imminent. I shall describe this case at some length in my next lecture when speaking of the value of tracheotomy.

Fifth Variety.—*The primary laryngeal form of diphtheria.*—I have seen three cases in which the exudation seemed without doubt to occur first in the larynx, the pharynx being subsequently affected. We may call this primary laryngeal diphtheria. In one of these cases the patient was a medical man, about forty-five years of age. The disease began with pain in deglutition, and redness and swelling of the mucous membrane of the pharynx, arches of the palate, uvula, and soft palate. Laryngeal symptoms rapidly supervened; then a little lymph was seen on the arches of the palate, the exudation being more abundant at the base of the arch than above, and equal on the two sides; it looked as if it had spread upwards from the larynx. The patient would have died from apnœa had not the larynx been opened on the third day of illness During the second week of illness, he almost died from asthenia.

Another case was that of the child whose pharynx, larynx, trachea, &c., are on the table (Specimen 3). I described the parts to you early in the lecture.

In all the varieties of diphtheria I have described, the disease when fatal proved so in consequence of exudative inflammation affecting the larynx. The patient dies in such case from the impediment to the entrance of the air into the lungs. In the variety of which I am now about to speak, the patient, when the disease proves fatal, dies from the general disease.

Sixth Variety.—*The asthenic form of diphtheria.*—In this form the disease begins sometimes with general and local symptoms of moderate severity. Soon, however, the pulse is rapid and feeble; the sense of weakness and of illness extreme; the skin is not very hot, but there is a peculiar feverish pungency in its heat as appreciated by the touch; the complexion has that dirty-looking, pallid, and opaque aspect which we see in so many general diseases. In some cases, from an early period of the disease, the brown tongue, the sordes on the teeth, &c., and the muttering delirium which are characteristic of the so-called typhoid condition, are present. On examining the throat, more or less lymph is seen on the pharyngeal mucous membrane. The lymph in these cases has always, in my experience, been of the granular, pulpy, or softer form. The patient may swallow with perfect facility and the throat symptoms be trivial in degree, and this even when the pharyngeal mucous membrane is covered with lymph. In other cases the pain in deglutition is extreme. The extension of the exudative inflammation to the larynx, when it occurs, is shown by a little huskiness and want of power in the voice, and imperfectly marked laryngeal breathing. The patient usually dies in about ten or twelve days, death being the result, not of apnœa, but of asthenia. It is failure of the heart's action and not want of breath that causes death.

I saw a case referable to this head with Dr. Turle, of St. John's Wood. The patient, a little girl aged eight years, lived at the extreme verge of London in that direction. She had been poorly for a few days when seen by Dr. Turle. The friends said there was only slight sore throat and weakness.

Dr. Turle noted, on the 6th of October, 1859, "skin not only hot, but feverishly pungent, slightly furred tongue, some enlargement of the glands behind the angles of the jaw, and all the parts of the pharynx visible to the eye covered with lymph." On the 12th the urine contained a good deal of albumen. On the 15th I saw the patient; there was then evidence of extension to the larynx, but the laryngeal symptoms were not at all urgent. On the 18th death occurred, as Dr. Turle says in his notes of the case, "from exhaustion, and not from asphyxia."

The following case is remarkable for the rapidity with which the disease ran its course, the early delirium, and the severity of the general symptoms. Although the larynx was severely affected, it was manifest that its lesion played but a small part in causing death. Had the general derangement been less, no doubt the affection of the larynx would soon, however, have

formed a prominent feature in the case, and even have led to a fatal termination in another twenty four hours.

Henry M., aged 17 years, was in good health on Friday night, February 12, 1858. He had spent the evening in society, and sung a good deal. The next morning he had sore throat and difficulty in swallowing; slight cough; he vomited, and felt cold and shivered By noon he was unable to swallow; at night his breathing became difficult, his breath offensive, and he was delirious. On the 14th he was still unable to swallow, could not get out of bed without assistance, and was delirious. At two P. M. on the 14th, he was carried to my ward in this hospital.

Soon after his admission, Dr. Pougnet found him in a very prostrate condition, lying on his back, and muttering deliriously. He could not be made to answer questions, or to protrude his tongue; and as he resisted all attempts to open his mouth, the state of his pharynx could not be seen. But as there was swelling about the angles and under the rami of the jaw and down the neck, the breath had a gangrenous odour, and there was profuse discharge of yellowish offensive fluid from the mouth, and no rash on the skin, and as he had not been exposed to the scarlet fever poison, the diagnosis of diphtheria, although not absolute, was highly probable. His face was puffy, his lips blue, his pulse frequent, small, and weak. He died the same night; thirty-six hours only from the first symptoms of disease.

After death the mucous membrane of the pharynx was found dark crimson gray in colour, and covered over its greater extent by a layer of the granular variety of lymph. The capacity of the pharynx was less than natural, in consequence of œdematous thickening of the submucous tissue and corrugation of the mucous membrane. The *velum pendulum palati* was greatly thickened, and the posterior surface of the uvula was covered with lymph.

The upper and under surfaces of the epiglottis, the aryteno-epiglottidean folds, and the mucous membrane covering the larynx above and below the vocal cords, the trachea, and the first division of the bronchi were covered by the soft form of lymph. The lungs were the seat of acute emphysema.

In a case I saw with Dr. Part, of Camden Road Villas, the young lady, about 18 years of age, exhibited no laryngeal symptoms. When Dr. Part first saw her on December 17, 1858, there was very trifling sore throat, with little or no constitutional disorder. The febrile disturbance throughout was extremely trifling, and although the mucous membrane of the pharynx was soon covered with a creamy-looking layer of lymph, the patient swallowed both liquids and solids without difficulty. The pulse was from the first very rapid and weak. At our last visit, on the afternoon of the 26th December, Dr. Part and myself were accompanied by a surgeon who had seen little of the disease in this epidemic. The patient had eaten some chicken for dinner; she sat up in bed, and, though very anxious about her own state,[1] laughed, and talked to us without difficulty.

Dr. Part and I agreed that she had not many hours to live, so rapid and so feeble was her pulse, notwithstanding the quantity of support she was taking. The surgeon, who had not felt her pulse, and judged alone from her aspect and voice, said, "I should have had no idea she was in great danger." In twelve hours she was dead. The illness in this case lasted ten days.

There is yet another set of cases in which death appears to result from the evils consequent on the absorption of fetid matters from the pharyngeal tissues. The pharynx is covered with lymph, the mucous membrane below sloughs, the breath is very offensive, the glands about the angles of the jaw swell extremely, the cellular tissue in which they are imbedded is the seat of the effusion of serosity, the skin assumes that dirty-yellowish tint which it has in septicæmia, the mind wanders, and the patient rapidly sinks.

I trust you will not fail to understand that although I have described to you several varieties of diphtheria, there is no sharp line of distinction between them, any more than there is any sharply-defined line of demarcation between scarlatina simplex, scarlatina anginosa, and scarlatina maligna. You may say this is a case of inflammatory diphtheria, and this of nasal diphtheria, and this of asthenic diphtheria; but you will meet with all intermediate shades of the disease; cases which you cannot refer with certainty to one or the other variety. So we meet constantly with cases of scarlet fever which cannot be referred to either variety, but which combine in themselves

[1] Her sister had died just before of diphtheria.

the essential characters of two. The acute specific diseases are really different one from the other. Each variety of each acute specific disease passes insensibly into the other varieties of the same disease; and these several varieties of each exhibit the most protean combinations. Still, for those who desire to draw a picture of these diseases for others' use, the division of each acute specific disease into varieties is a necessity, however artificial and imperfectly defined the varieties may be.

The duration of the cases of diphtheria I have seen has varied from forty-eight hours to fourteen days. When fatal within a week from the first symptoms of illness, death has always been preceded by extension of the exudative inflammation to the larynx. I have never known laryngeal symptoms commence after the expiration of the first week of the disease. As I have pointed out to you, laryngeal symptoms are sometimes present from the outset; at least they are now and then the first symptoms to attract the attention of the patient and his friends. I have twice seen death occur within twelve hours from the time the laryngeal symptoms were first noticed, and I have never known death delayed more than five days from the time when symptoms indicated clearly that exudation had occurred in the larynx. In rather more than half of the fatal cases of diphtheria I have seen, death resulted directly from the disease of the larynx; and in rather more than half of the remainder, laryngeal disease was present, although death resulted apparently from asthenia. When death has occurred from asthenia the fatal result has usually taken place during the second week of the disease, unless the patient has been greatly weakened by previous disease; thus I have just seen diphtheria occur in a girl aged ten years, who had long suffered from hip disease with profuse fetid discharge, &c. She died from asthenia with rapid feeble pulse on the 5th day of the disease. In the very remarkable case of Henry M., aged seventeen years, you will remember the disease terminated from the severity of the general affection in thirty-six hours after the occurrence of the first symptoms of illness.

The specific disease in the not-fatal cases I have seen has terminated between the eighth and fourteenth day of illness.

Note.—An examination of the cases recorded in Bretonneau's Memoirs on Diphtheria, fully confirms the conclusions I have arrived at from my own experience, as to the proportion of fatal cases in which the larynx suffers so as to lead to death; as to the period of the disease at which the larynx becomes affected; and as to the duration of the fatal cases when death occurs from laryngeal complication. Thus, in Bretonneau's 1st, 2d, and 4th Memoirs, are contained the details of forty-five cases; of these, four are wanting in data, or have no bearing on this subject. In twenty-nine of the remaining forty-one cases, the larynx was the seat of disease, and three only of the twenty-nine ended in recovery.

Of the twenty-six cases—fatal from the laryngeal complication—one terminated on the second day of illness, one survived till the sixteenth day of illness—tracheotomy having prevented death on the fourteenth day. In no case did the patient survive the sixth day of the laryngeal symptoms unless an operation retarded death, and in five only of the twenty-six cases did the patient survive the third day of the laryngeal symptoms.

In all of the twenty-nine cases, excepting one, the laryngeal symptoms supervened before the end of the first week, and in sixteen of the twenty-nine cases on or before the third of illness.

The emphysema of the lungs seen after death from diphtheria, is that which is so commonly found in young children. It is a mere over-distension of healthy air-vesicles. Gluge terms it insufflation. We can produce it by inflating the lungs after their removal from the body; or, by compressing one part of a lung, we can drive enough air to other parts to over-distend their air-vesicles, and so produce a condition identical with acute vesicular emphysema. As there is no damage to the texture of the lungs in this form of pulmonary emphysema, the air-vesicles recover their normal size when the over-distending force is removed. Bretonneau describes a case of diphtheria in which, not only were the air-passage and the air-vesicles over-distended, but one or more gave way, and air was extravasated into the subcutaneous tissue. Trousseau has recorded a similar case. The latter distinguished pathologist attributes the subcutaneous emphysema to violent inspiratory efforts. This is manifestly an incorrect explanation of the facts. There is no power brought into play during inspiration to draw the air into the subcutaneous tissue. It is during the expiratory efforts that the air, unable to escape freely through the larynx, is driven with such force into the least compressed and least supported parts of the air-passages and vesicles as to over-distend them, to rupture them, and to inject the air into the cellular tissue. The same accident, as is well known, sometimes happens, from the same cause, during the violent efforts of parturient women. Doubtless the extreme inflation of the lungs when false membrane exists in the larynx and trachea, is partly the result of accumulation of air in them; the false membrane acting, as Bretonneau says, as a valve, permits air to enter but none to escape.

HOSPITAL NOTES AND GLEANINGS.

Diabetic Cataract.—In the Ophthalmic Hospital Reports. vol. i. p. 273, for January, 1859, is a paper by Mr. France, in which he drew the attention of the profession to the relation sometimes existing between cataract and diabetes. Previous to this, there had been scattered in the works of ophthalmic writers and others, mention of the coincidence. In a second paper on the same sub-

ject in Guy's Hospital Reports, Mr. France names Mackenzie and Duncan, as having incidentally alluded to it, and subsequently to his paper Professor Von Graefe, and Dr. Willshire, have written on the subject. Mr. France has from various sources collected twenty-one cases, and from the consideration of them, he arrives at the following conclusions :—

"The cataracts have in every example been symmetrically developed on both sides; the lenses have increased remarkably in their antero-posterior diameter, so as to encroach upon the depth of the anterior chamber, and even to interfere mechanically with the free play of the iris. The opacity has attacked portions of several strata of the crystalline at once, leaving intermediate spaces for a while transparent. The colour and bulk of the cataracts have invariably indicated their soft consistence, which was proved by operation in two persons, though respectively of 'middle' and of forty-eight years of age. Lastly, the ocular affection has only arisen after considerable duration of the renal malady (a circumstance which may tend in some degree to account for the comparative rarity of their union); and there has in no case been reason to suspect further disease of the eyeball."

The following case is extracted from the writer's note-book, under date August, 1850, at which time the patient was an inmate of the York County Hospital. At that time, the knowledge of the connection between diabetes and cataract had been scarcely mentioned in print. It was, however, well recognized by many practical surgeons, and among others, by Mr. Russell, under whose care the patient was. We well recollect his adverting to the fact of the occasional concurrence of the two diseases.

E. P., aged 19, was admitted Aug. 22, 1850. She had been the subject of diabetes for five years. She was pallid and extremely ill. Her tongue was red, and she was liable to occasional diarrhœa. Her skin exhaled the peculiar odour of diabetes. Her appetite was inordinate. The urine was large in quantity, and loaded with sugar. There was evidence of tubercular disorganization in the apices of both lungs. Both lenses were opaque. In the right, the opacity appeared to be in front of the lens, while in the left, in which the opacity was much slighter, it appeared more distant. She remained in the hospital about four months, during which time the cataracts advanced, and she became almost blind. She could still, however, distinguish between light and darkness. Various tonics, cod-liver oil, creasote, opium, etc., had been used, but without any permanent advantage, and the quantity of urine never permanently diminished, and the specific gravity did not decrease. She at length left the hospital, in order to die at home. It is, perhaps, worthy of note that the patient attributed her first failure of health to her having lived in a situation where she was obliged to be up for several hours before taking food.

The subject is one of great interest in another way, as illustrating the value of the study of disease by synthesis.

Dr. B. W. Richardson has shown that artificially produced cataract occurs as a purely physical change—from osmosis—a tendency to equalize the density of the fluids within the lenticular capsule, by transudation to the surrounding fluids, for he observes that the cataractous condition can be removed by reversing the conditions—by placing the animals experimented on in water. All varieties of sugar, cane, grape, and sugar of milk, produce the same result. Just, however, as we find that in many cases of cataract there is no diabetes, so Dr. Richardson found that the introduction of other substances into the system than sugar would produce cataract. Thus salines, as chloride of sodium, would develop the cataractous condition, and hence Dr. Richardson's remarks—There may be a saline cataract as well as a diabetic one.

Sugars and the various salines produced the same general effect, with the exception of the iodide of potassium. This salt did not produce any effect in any instance. Dr. Richardson says: "I do not pretend to explain this curious and remarkable fact." Chloride of sodium, a salt of the same chemical type, readily produces cataract.

In the majority of instances the opacity begins at the posterior surface of the lens, but sometimes in the anterior surface. The capsule of the lens is unaffected. Dr. Richardson found sugar in the opaque lenses after removal. There was always a difference in the general character of the opacity produced by various substances. As a rule, the opacity became more marked after death; but in the case of the sulphate of

potash it disappeared altogether. Dr. Richardson says we should look for cataract especially in those casea in which profuse diuresis is absent; for in those in which the sugar is eliminated as fast as it is manufactured, no cataract is likely to be formed: for as he points out, sugar produces cataract by increasing the specific gravity of the fluid, and not by any specific power. He reminds us that we may find that an opposite condition of the fluids may exercise a deleterious influence on the lenses, not by impairing their clearness, "but by excessive transudation (endosmosis) and distension."

Opacity of the lenses may be produced by saline and saccharine fluids introduced into the anterior chambers of the eyes of animals recently killed, or by immersing the removed eye in the solution. In these experiments, however, the effects were much more slowly produced, and the changes were less intense.

Dr. Richardson also experimented with the acid urate of soda. The salt was suspended in water by gum Arabic (the injection of gum does not produce cataract), and injected under the skin of two frogs. In neither of these experiments was any opacity of the lens produced. He also gave a bitch night and morning with her food a drachm and a half of urate of soda, and after a week the quantity was increased to two drachms. She took this for fifteen weeks. The experiment was commenced on March 2. In April, it was evident that the animal was becoming blind, and "the eyes through the pupil were opaque-looking, and the animal ceased to observe objects, even those near her." The eye was, however, examined by the ophthalmoscope by Mr. Wordsworth, and no cataract was discovered, except the merest opacity in one lens. Mr. Wordsworth believed the white appearance to depend on white discoloration of the retina. When the urate was given up, the animal recovered her sight gradually, and ultimately could see as well as ever.—*Med. Times and Gaz.*, March 9, 1861.

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Rare Form of Fibro-muscular Subclavicular Tumour.—The following singular case recently presented itself at Middlesex Hospital. The patient is a delicate, sickly-looking woman, about forty years of age, who, four months before admission, received a blow on the chest, immediately below the right clavicle towards the sternum. This was followed by the appearance of a lump, which slowly enlarged, until it had attained the size of a hen's egg; but the swelling was somewhat diffused, as the tumour itself was evidently deep-seated, and now, was somewhat prominent below the clavicle. She had also a swelling, of the size of a walnut, flattened, on the side of the right ramus of the lower jaw. The subclavicular tumour seemed to be of unequal density, and consisted of lobes; there was a deep feeling of fluctuation. In ten days it had decidedly increased in size, and formed apparently adhesions to the clavicle. Various opinions were hazarded as to its real nature: its deep situation, apparent fluctuation, and supervention upon a blow, led to the suspicion that it might be strumous deposit with matter, but a puncture was followed by nothing but a drop or two of blood; it might be medullary, or, again, fibroid or fibro-plastic. Its removal, however, was determined upon; and after much patient and careful dissection, on the 28th of November, by Mr. Moore, it proved to be an infiltration of the pectoralis major muscle itself, with fibrous deposit. The superficial parts were healthy, but beneath it simulated an aneurism; in fact, on section, a yellowish mass, of firm consistence, was found to be present in the centre, which resembled the clot of an old aneurism; and towards the circumference this was blended with the muscular structure. The microscope revealed this to be nothing but fibrin, which had infiltrated the muscle, and formed a large and distinct mass, which had become organized in the form of a tumour. There was no artery discovered in connection with it, although Mr. Moore carefully dissected it away from the inner and under parts. The nature of the tumour thus proved to be purely fibrinous, running into the fibres of the muscle named, beneath which it lay, as well as extending under the clavicle.

Its appearance before the operation strongly simulated malignant disease, and considering the woman's age, cachectic aspect, and the presence of another tumour in the jaw, together with the rapidity of growth, the majority of surgeons would have pronounced its nature cancerous. The skin was moreover discoloured, and the swelling to the naked eye was that of disseminated medullary deposit. The case is assuredly

an instructive and interesting one. The patient has done very well, and made a good recovery.—*Lancet*, March 16, 1861.

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Recurrent Melanosis of both Groin and Back; the disease reappearing in the brain, heart, pancreas, liver, and other organs.—Geo. K., aged 35, was admitted into St. George's Hospital on the 9th April, 1856, for melanotic tumours in various parts of the body, and especially in the groin. Some of these were removed, and the patient recovered from the effects of the operation, permitting of his discharge on the 11th of June. On May 28th, before leaving the hospital, he was seized with great pain in the head, accompanied by severe and persistent vomiting. His countenance assumed a very strange, vacant expression, and he seemed to have some difficulty in collecting his thoughts when spoken to. These symptoms passed off in about five days; and on his departure the tumours on the back seemed to be growing.

He was readmitted on the 14th of July. The complexion was now more sallow than before; the tumours in various parts of the body (trunk, right axilla, left ham and thigh, &c. were growing rapidly; the pain in the head had recurred frequently, and had latterly become much more severe and continuous. He complained of loss of motion in the right hand and arm, and the mouth was drawn to the left side. The right side of the face had lost expression. There was also partial loss of sensation in the right arm and leg. He alleged that he observed double vision when the pain in the head was very bad. The speech was slow and hesitating. On the day before his readmission he had had several seizures of shaking of the right arm.

July 16th, 1856. The vomiting of green bilious fluid, which had troubled him before, has recurred, and persisted for a week. After this, till the day of his death (28th), he used occasionally to vomit his food; but was otherwise better.

On the evening of the 28th he died suddenly. During the previous day it was observed that the right eye had been kept closed (it should have been noticed that there was slight ptosis on each side on his readmission), except during the exertion of speaking, when he opened it. He had, however, spoken seldom, and seemed very lethargic. Shortly before his death, he suddenly turned purple, and this dark tinge of the face increased up to his death, which was preceded by some strange noises in his throat, and by struggles as if for breath. No regular fits were observed.

Post-mortem Examination.—The body was pale and emaciated. Tumours of small but variable size were found on the trunk, in the right axilla, and in the left thigh and ham. There was no fluid, nor were there any adhesions, in either pleural cavity. At the back part of each cavity a few small tubercles of mixed melanotic and encephaloid cancer were found in the subpleural and areolar tissue. The surfaces of both lungs beneath the pleuræ were studded with small deposits of a similar character; in other respects these organs were healthy. The bronchial glands on both sides were infiltrated with the same deposit to a very considerable extent. The glands, also, in the posterior mediastinum were similarly affected. In the substance of the heart on the right side, and projecting into the right cavities, were several small masses of encephaloid deposit; on the left side the deposits were chiefly of a melanotic character. In other respects the organ was normal. There was a small encephaloid tumour near the anterior margin of the right lobe of the liver, and a larger one, about the size of an orange, near the same point. The stomach was quite healthy. Numerous small nodules of encephaloid and melanotic malignant deposit were found in the substance of the pancreas. Several masses of melanotic cancer, of varied form and size, were found connected with the omentum and mesentery; one, attached to a portion of the mesentery near the small intestine, was about the size of a small apple, and pedunculated. The right kidney was very much congested, the medullary cones being almost of a black colour. The left kidney was enlarged to the size of a cocoa-nut; on cutting into it, the cortical and medullary portions were found wanting, a mere cyst remaining full of soft melanotic deposit. The lumbar aortic glands—those accompanying the right external iliac artery, as well as those in the inguinal canal and in the inguinal region—were found extensively infiltrated with melanotic cancer. The scalp and cranial bones were quite natural. The cerebral membranes were all normal, excepting opposite two small portions of the left cerebral hemisphere—namely, at the anterior extremity, and at

the posterior and upper part. At these parts the arachnoid membrane and dura mater were thickened, hardened, and opaque Corresponding to the altered condition of the membranes at these parts, the subjacent brain was found to be of a dark reddish brown colour and very firm; and this was owing to the presence of two rounded, well-defined masses of carcinomatous material, each of about the size of a bantam's egg, occupying at these parts the superficial portion of the brain, and involving also the surface itself. The cerebral ventricles contained more than an ordinary amount of fluid; but nothing beyond the above masses of an unusual character was found about the brain. The carcinomatous deposit was of the melanotic form, excepting in one or two small places where no dark colour existed, and where it was of a cream colour. The true nature of the cancerous and melanotic disease was determined by microscopical examination.—*Lancet*, March 16, 1861.

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Chorea.—Chorea is a disorder which seems to find a congenial soil in Birmingham. It is by no means uncommon to see six or seven, or even more, cases in either hospital at one time. Thus a reference to the last statistical report of the general hospital shows that seventy-six cases were treated during the year ending midsummer 1860. This frequency of chorea generally attracts the attention of practitioners who, before coming to Birmingham, have been accustomed to look upon it as a somewhat uncommon disorder. Dr. Maxwell, the intelligent resident medical officer at the General Hospital, consequently found no difficulty in collecting thirty-five cases in which the well known coexistence of rheumatism was ascertained. But it is certainly very remarkable that, with three or four exceptions, these cases were unselected, comprising in fact all that had been treated at the general hospital in the last four months. Dr. Maxwell believes that a more searching investigation than is commonly instituted never fails to elicit a rheumatic history—fever, arthritic pains, and sweating—at some period of the nervous attack, or immediately before its commencement. He therefore holds that the connection between the two disorders is an essential rather than an accidental one, being thus in accordance with the views of M. Sée and Dr. Todd. Nevertheless, further observations are necessary upon this point, since the last twelvemonth has been unusually productive of rheumatic fever; and we should, therefore, be prepared to find that the combination of the two disorders, even if an accidental one only, had been more than commonly frequent. Another fact of great interest as well as novelty, was the frequent localization of chorea and rheumatism in the same limb, other parts being affected either not at all or in an inferior degree; this the author of the paper had frequently seen. He lauded arsenic as an antichoreic remedy—a credit to which it is certainly entitled, since it undoubtedly cures some cases which have proved rebellious to other treatment.—*British Med. Journ.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Army Medical Board.—A Board of Medical Officers, to consist of Surgeons C. A. Finley, C. McDougall, and W. J. Sloan, has been ordered to assemble in New York City on the 1st of May, or as soon thereafter as practicable, for the examination of assistant surgeons for promotion, and of such candidates for appointment as may be invited to present themselves before the Board.

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Medical Graduates 1861.—We continue our list from p. 58 of our previous No.

Rush Medical College	36
Medical College of the State of South Carolina	93
University of Maryland	63
Medical College of Virginia	59
Savannah Medical College	14
New Orleans School of Medicine . .	76
Medical College of Alabama . . .	31
Medical College of Ohio	24
University of Louisiana	135
Medical Department of Lind University	12

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Medical Society of the State of Pennsylvania.—The annual meeting of this Society will be held this year at Pittsburg, commencing on the second Wednesday in June (12th). All the railroad companies, we are informed, have agreed to furnish *free return tickets* to delegates, on presentation of their

credentials. We trust that there will be a full attendance at this meeting, as an important influence may thereby be exercised in encouraging medical organization in the western portion of our State.

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Jefferson Medical College.—Dr. Wm. V. Keating has been elected Professor of Obstetrics in this School, to fill the chair recently vacated by the resignation of Dr. C. D. Meigs. Dr. K. is a well-educated and experienced physician, and will, we feel sure, fill, with honour to himself and credit to the School, the chair to which he has been appointed.

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New York Eye Infirmary.—We learn from the annual report of the surgeons of this long established and eminently useful institution, that during the year 1860, 4,907 patients were prescribed for, of whom 4,559 laboured under diseases of the eye and 348 diseases of the ear. In addition to the benefits thus conferred directly on the poor afflicted with diseases of these two important organs, clinical teaching is regularly given, and thus students are afforded facilities for becoming acquainted with diseases of the eye and ear and their treatment.

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Obituary Record.—Died, 29th of March, in Davenport, Iowa, Dr. E. J. Fountain, aged 32. Dr. F.'s death is ascribed to an overdose of chlorate of potassa, taken by him seven days previously. About two drachms of the salt were found in the urine on the first day. At the *autopsy* there was found inflammation of the alimentary canal, especially the stomach and jejunum; the kidneys were inflamed, enlarged, and obstructed, and contained crystals.

It is well known that Dr. F. has been strenuously advocating the use of large doses of chlorate of potash in phthisis, scrofula, and some other diseases, which he maintained were highly beneficial and entirely devoid of ill effects; and just before his death he published several cases to illustrate these views, and to show that the ill effects observed by some practitioners from large doses of the medicine resulted entirely from the impurity of the article employed. He asserted that since he had used the French preparation he has seen no ill effects from large doses.

FOREIGN INTELLIGENCE.

Diphtheria.—Dr. Greenhow read a casual communication to the Harveian Society (March 7) upon some cases of diphtheria, which had come under his care in a family in Hertfordshire. The importance of the closest scrutiny was urged in a diagnostic point of view, lest this disease should be mistaken for croup. Dr. Greenhow thought that cases of diphtheria were likely to occur again in the same family; indeed, such seemed to have been the case in the family referred to. Dr. Greenhow also stated that the diphtheritic membrane extends down the œsophagus into the stomach, spreading by continuity of surface. Paralysis was also stated to be frequently consequent upon diphtheria, sometimes hemiplegia, most frequently paraplegia; the first of these being accompanied with affections of the voice, sometimes lasting for many months. Chorea might also come on after this disease.

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Complete Absence of the Vagina.—At a meeting of the Society of Surgery (Paris) M. Verneuil related a case occurring in the practice of Dr. Patry in which, in a girl seventeen years of age, there was an entire absence of the vagina, when the usual general phenomena of menstruation took place. An artificial vagina was established. The patient has been married eight years, and continues to menstruate regularly, but has never been pregnant.—*Brit. Med. Journ.*, Feb. 16, 1861.

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Quackery in Prussia.—[The correspondent of the *Medical Times and Gazette*, in a letter dated Bonn, Feb. 27, 1861, gives the following account of charlatanism in Prussia.]

"According to my promise, I to-day send you a short account of the professional career of the lately deceased Dr. De Leuw, who in England was honoured with the name of the 'Prussian Oculist.' It is certainly flattering if a countryman acquire fame abroad; but Germany is happily well supplied with physicians and surgeons of far superior talent and acquirements than the one just mentioned possessed, if, indeed, it is possible to draw a parallel between him and scientifically educated medical practitioners. De Leuw was originally 'a surgeon of the second class,' a strange remnant of olden times. As is the case with the

English dressers, these surgeons were men who had not received a liberal education, and did their work by the direction of the physicians, who thought it beneath their dignity to touch a lancet or a knife. Surgery is now at least on the same level with medicine, and has certainly the advantage of not being trammelled and infested by nebulous ideas and theories; but in Germany, as everywhere else, surgery has proceeded from the barber-shops, and has only slowly divested itself of the character of trade. 'Surgeons of the second class' no longer exist in Prussia, where now a thorough surgical and obstetrical proficiency is required of every medical practitioner; and in this respect Prussia is certainly far ahead of many other countries. But, at the time of the great war with France, a virtue was made of necessity, and a great number of men who were only capable of performing the smaller surgical operations, were enrolled as army-surgeons, and also received a license to practise medicine. At the close of the war, in 1815, it would have been unjust to recall the license, and they were thus allowed to continue the practice of medicine, at least in such places where there were no regularly qualified physicians. This was the case with De Leuw, who had been educated at a school of surgery which then existed at Düsseldorf, and at the head of which were Professors Joseph Naegele, a clever oculist, and brother of the famous gynæcologist of Heidelberg, and Dr. Reybald. De Leuw practised as army-surgeon during the French war; he afterwards settled in the small village of Graefrath, near Solingen, where he soon acquired a good reputation as oculist.

"It seems that a correct view of the so-called Egyptian ophthalmia, which was then very prevalent among the armies, and had from them spread to the general population, went far to render him favourably known. His only contribution to medical literature is a book on this disease, which was published in 1824, and gives a favourable impression of the practical talent of the author. It certainly shows that he was a good observer; and since in ophthalmic surgery an accurate diagnosis of the disease is more than half the battle won, we cannot wonder that he met with great success in his treatment. How often even at the present day are granulations of the conjunctiva, as the cause of many cases of inflammation of the cornea, overlooked, and patients are treated for years with all sorts of collyria, before the surgeon is struck by the idea to just turn up the eyelids, where the seat of the disease is to be found. Many oculists owe their reputation to the circumstance that a patient comes to them who has for years been unsuccessfully treated, because no correct diagnosis was made, and who, of course, rapidly improves as soon as the remedies are applied to the proper place. We have also reason to believe that De Leuw in a former period of his life was possessed of no inconsiderable skill as an operator. It is true that he exclusively had recourse to reclination; but he certainly practised it with great dexterity. On the other hand, his prescriptions were exceedingly funny. He gave every day a different collyrium, and the strangest combinations of herbs were brought to bear upon the disease. The flowers of *melilotum*, the *summitatis malvæ*, oak-leaves, the *semen papaveris*, and dozens of others play an important part in his eye-waters. A whole series of spirituous tinctures for washing, and the most curious plasters and ointments were also alternately used; at the same time abominable mixtures, the utility of which cannot possibly be imagined, were prescribed for internal use, and more especially in cases of incipient cataract, the hopes of the patient were kept alive by a fresh mixture every day, until the operation gave the finishing stroke to the disease. Purpose or critical selection are not to be observed in his prescriptions, some of which fill several pages; and evil tongues would have it that the apothecary was a confederate of the doctor. In the meantime the business flourished; in Graefrath, one inn was built after the other, and as every patient had a special attendant given to him, it is easily to be conceived that the prosperity of the place entirely depended upon the 'Wonderful Doctor.' The ruder he was in his manner toward his patients, the more his advice was sought after. A sad fate refused the old man the gratification of his principal wish, viz., that his only son should succeed him in his practice. This young man was well educated, and possessed considerable talent, but dissensions grew up between the two, and at last the son preceded his father to the grave. De Leuw had procured himself a diploma at Giessen in the well known

fashion; and although this was not legally recognized, the Prussian authorities closed their eyes, in consideration of the benefits he had conferred upon the place. A grateful patient in high life—one of our infinitesimal princes—honoured him with the title of Hofrath (Aulic Councillor), and he thus attained the summit of his glory, which, however, for the last twenty years, was entirely limited to foreign countries. The new development of ophthalmic surgery, which has been attended by so highly important practical results, was not at all to the taste of old De Leuw, who never paid any attention to it; we cannot, therefore, think that we have suffered any severe loss by his death. * * * * *

"We must say that we have always wondered why people came so far to consult a man such as De Leuw, when they could have the advice of men of the stamp of Mr. Bowman, and Mr. Dixon, so much nearer home. But '*omne ignotum pro magnifico.*' It is more probable that the place where De Leuw has resided for so many years will feel his loss, by the absence of wealthy English patients, who will no longer be attracted to it, and for innkeepers, attendants, and the apothecary there, a very gloomy prognosis indeed seems to be justified.

"Dr. De Leuw's career is another proof that in Germany, as well as in all other countries, there is a class of doctors who enjoy a widely-spread reputation, without its being easy to discover why it should be so. Perhaps there is no sphere of human knowledge in which the general public assume to themselves a greater right of having an opinion of their own, than medicine: health and disease are of such immediate personal interest to men that, trusting to their own perceptions of what agrees and disagrees with them, they consider themselves as much or even more competent to judge for themselves than medical men who have made the subject a life-long study. The fact that a thorough insight into morbid processes is only possible to such as have an intimate knowledge of the healthy conditions of the body and its functions, that is to say, of anatomy and physiology, and of those changes which pathological anatomy teaches us do take place in the system, seems still at the present moment to be so foreign, even to many medical men, that we can scarcely find fault with the public if they do not appreciate scientific medicine, and care little about the way in which they are treated or rather maltreated. They think there must be some remedy, whatever it may be; and if a man confidently asserts that he has a cure for every symptom, he is certain to find many believers, as the symptom is generally considered to be the disease itself. We cannot, therefore, wonder that the most absurd of all systems, viz., homœopathy, has so quickly found a home everywhere. It accommodates itself to public prejudices, nay, it even panders to the erroneous view that the symptom is the disease, and then propounds the theory of infinitesimal dilution which is pathetically repeated at the corner of every street. At the same time we must confess that if we see at the present moment spirit-rapping, table-turning, animal magnetism (practised by 'strong' mediums), carried on with the greatest earnestness in the highest circles of society—in Rhenish Prussia especially, by a beautiful and highly gifted mediatized princess—we cannot wonder if other seemingly less ridiculous quackeries should be easily swallowed by persons in a more humble sphere of life.

"In Bonn, charlatanism is just as rife as it is in Brighton; and if you are blessed with cobblers who make ten thousand pounds a year by plastering and kneading their patients, we, on the other hand, can boast of shepherds and old women who make a scarcely less number of thalers by just as ingenious practices. The nostrums are, of course, always composed of the commonest things; but as they are concocted by the quacks themselves, it is not known what they contain.

"On the Kreutzberg, from the top of which the finest view of the seven mountains and the valley of the Rhine is to be had, there lived recently an old shepherd who had had a most extensive practice for many years. He was consulted in a somewhat anomalous fashion—samples of urine, accompanied with handsome fees, being sent to him for inspection from far and near, and he, in return, sent herbs for the cure of every ill that flesh is heir to. There is also a little spot near Godesberg, where a short time ago little more than a few dung-heaps were to be seen, and now a whole village has sprung into existence, solely in consequence of the remedial powers ascribed to an old woman, called the 'Schweinheimer

Frau' (literally, the woman of the pig's home), who has amassed a nice little fortune by the inspection of urine. Her sons-in-law have built several inns, in which the patients who come to consult the woman are received, and are confirmed in their confidence in the curative powers of the old witch by the wonderful tales of their hosts. If you remember that almost the entire population of the Rhenish provinces of Prussia are Roman Catholics, you will not be astonished that we have also much superstition here. Thus, every year, on the feast-day of the holy Apollonia, crowds of peasants throng to the cathedral of Bonn, to seek relief of the toothache through the intercession of the Saint, the cure of this ailment being her specialty. Then we have the Holy Virgin of Kevlaar, who has been so well described by Heine in one of his best poems, the beauty of which, however, is scarcely to be perceived in the English translation:—

'The mother of God at Kevlaar,
Her best dress wears to day;
Full much hath she to accomplish,
So great the sick folks' array.

'The sick folks with them are bringing,
As offerings fitting and meet,
Strange limbs of wax all fashion'd—
Many waxen hands and feet.

'And he who a wax hand offers,
Finds cured in his hand the wound;
And he who a wax foot proffers,
Straight finds his foot grow sound.

'To Kevlaar went on many crutches,
Who now on the tight rope skip;
And many a palsied finger,
O'er the viol doth merrily slip.'

"She receives, in fact, even at the present day, scores of waxen hearts, arms and legs, from the sick, who believe that by such offerings she will be induced to cure their corresponding ailing members of their bodies; and a roaring trade in waxen limbs is driven there.

"The quacks in this neighbourhood have generally a mysterious way of speaking and acting, and keep in their pay one or more confederates, or 'factotums,' as they are called, whose duty it is to work upon the imagination of the patients by tales of wonderful cures; and who are, therefore, of the greatest importance for the success of their employers. To this class belongs a young oculist at Königswinter, who was formerly a student at this University, and is quite devoid of talent, but has recently created much sensation. His factotum is a barber; and a barber in this capacity is well worth his keep; for as the Germans do not themselves shave, but are shaved by the barber, and such a person has consequently access to the closets of the highest dignitaries, he is almost always an influential man, and he is also the chief source from whence the strangers in the hotels derive their information of what is going on in the place. The barber in question, is continually talking of a wonderful cure just performed on a Russian Countess, who has come all the way from Tobolsk, in Siberia, where her husband is an exile, to consult Dr. So-and-so; or of a French Marquise, who, after having consulted the most eminent oculists in Paris and London, and was given up by them, has come to Königswinter, seen the doctor, and been cured. The treatment commences with a pair of blue spectacles, which are given to the patient, and in the profits of which the barber is a sharer; secondly, artificial leeches are ordered, which are, of course, much more efficacious than the natural ones, as they are a great deal more expensive; at last, in order to make the process of cure as mysterious as possible, the patient is confined to a dark room for forty hours. As this mode of proceeding is entirely novel, people, of course, consider the doctor a genius.

"It is a curious fact, that almost all our quacks take to small towns and villages, and seldom venture into larger places, such as Bonn and Cologne, where they would soon be put down. Thus one of the chief charlatans in the whole province, a quondam master turner of the name of Baunscheidt, lives in the small village of Endenich, near Bonn. This fellow has constructed an instrument, to which he has given the grand and highly significant name of 'lebenswecker' (life's awakener). With this he performs a sort of acupuncture, and then rubs into the wound thus made a mixture composed of croton-oil and other oils, and which is called by the people gnat's-oil. By this process he cures everything, unless carbuncle should supervene in consequence and kill the patient, which has not unfrequently been the case. However that may be, Baunscheidt does a flourishing business, and his 'lebensweckers' are exported to all parts of the globe. Quite lately a series of advertisements of this new panacea appeared in the *Times* newspaper."—*Med. T. and Gaz.*, March 9, 1861.

Influence of Pregnancy on Insanity.—Dr. Tanner, in his recent work on the *Signs and Diseases of Pregnancy*, says that in his experience insanity in women is not benefited by becoming pregnant, and that, in two cases under his observation, marriage only aggravated the morbid symptoms.—*British Med. Journ.*, Feb. 23, 1861.

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Causes of Lead colic.—As instances of the slight causes which may lead to the contamination of the system by lead, two cases are recorded in the *Bulletin Général de Thérapeutique.* In one, the patient was a manufacturer of pewter boxes for marine stores. The other patient was employed at a tea merchant's, in making bags of sheet-lead for holding tea. (*Bul. Gén. de Thér.*, Jan. 15th, 1861.) A number of analogous cases were reported some years ago by Dr. Inman, in the *Liverpool Medical Journal.*—*Ibid.*

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Aneurism of the Basilar Artery.—A soldier died suddenly, some months ago, in one of the hospitals of Genoa, from the rupture of an aneurism of the basilar artery. The aneurism was of a fusiform shape, and involved the entire vessel from the junction of the vertebrals to the origin of the posterior cerebrals. A large quantity of clotted blood was found beneath the arachnoid. There was likewise disease of the heart and great vessels.—*Ibid.*, Feb. 9, from *La Liguria Med.*, 1860.

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Needle traversing the Body.—A Spanish medical journal gives the details of a case where a girl, 14 years of age, swallowed a needle upwards of two inches in length, which some months afterwards escaped at the left groin. During the passage of the needle, the patient suffered from severe gastric derangement, emaciation, and prostration.—*Ibid.*, from *La Espana Med.*, 1860.

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A new Caustic for Toothache.—The following treatment is recommended by Dr. Calvy, of Toulon, for the neuralgia proceeding from carious teeth. The carious cavity is first to be cleaned out, and then a piece of cotton, steeped in a solution of six grains of acetate of morphia in an ounce of nitric acid, is to be applied to its interior. As soon as the caustic penetrates into the carious tooth, the pain ceases, and the patient is cured. After the application of the caustic, the cavity should be filled with cotton steeped in the sedative solution of opium, and afterwards permanently plugged.—*Ibid.*, from *Gaz. des Hôpitaux*, Jan. 10, 1861.

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Substitutes for Quinia.—The Society of Pharmacy of Paris have offered a prize of 6000 francs, to which the Minister of War will add 4000 francs, for the discovery of a substitute possessing equivalent febrifuge properties to *quinine*, or for the artificial formation of the alkali. Nine essays have been sent in, neither of which has been thought deserving of the prize, which is left open until 1st of July, 1861.—*Ibid.*

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Novel Treatment of Tetanus.—It is stated in the *Breslau Gazette* that there prevails in the village of Lassen in Prussian Silesia a species of tetanic affection, the prominent symptom of which is a spasmodic closure of the mouth, and which terminates in death on the third or fourth day. The inhabitants, instead of applying to a physician, endeavour to cure the disease by forcing open the mouth with the key of a chapel, wet with holy water.—*Moniteur des Sci. Méd.*, March 14, 1861.

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New Physician Extraordinary to the Queen.—Dr. Wm. Jenner, Physician to University College Hospital, and to the Hospital for Sick Children, has been appointed Physician to the Queen in the place of the late lamented Dr Baly. It is stated that the appointment had been previously offered to Dr. Acland.

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Prohibition of the Use of Copper Cooking Vessels.—By a decree lately issued by the Prefect of Police, the use of copper vessels for the preparation of all articles intended to be used for food is prohibited in France.—*Moniteur des Sci. Med. et Pharm.*, Feb. 23, 1861.

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Obituary Record.—Died in London, March 18th, 1861, of paralysis, Sir William Pym, M. D., K. C. H., aged 84 years. Dr. Pym was for many years connected with the Medical Department of the British Army, was made an Inspector General in 1816; and was the author of an interesting book on yellow fever.

—— at Paris, 23d March, M. Ferras, Inspector General of Asylums for the Insane and of Prisons, aged 75.

—— at Strasbourg, recently, M. Forget, Prof. of Medicine of the Faculty of that city.

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CLINICS.

CLINICAL LECTURE.

Diphtheria: its Symptoms and Treatment. By WILLIAM JENNER, M. D., Special Professor of Clinical Medicine, University College; Physician to University College Hospital; the Hospital for Sick Children, &c. Delivered to the Medical Clinical Class at University College Hospital.

LECTURE II.—*Disordered Innervation—Pharyngeal, Cardiac, Gastric, General, of Nerves of Special Sense; Evidences of Contagion; Little influence of Unfavourable Hygienic Conditions; Influence of Family Constitution; Pathology of Diphtheria, Evidences of Want of Identity with Scarlet Fever, ditto with Croup. Cutaneous Diphtheria; Pathology of the Disordered Innervation; Diagnosis; Prognosis; Treatment, General, Local, Trocheotomy; Summary.*

GENTLEMEN: In a certain proportion of cases after the termination of the diphtheria, symptoms of a very remarkable kind occur, referable to deranged innervation. There can be no doubt that the latter are the consequence of the former—that the patient would not be suffering from the nervous symptoms if he had not just had diphtheria.

I will briefly describe the various kinds of deranged innervation consequent on diphtheria, which have fallen under my observation during the present epidemic. I mentioned, you will remember, in my last lecture, the case of Dr. E., who suffered from the active inflammatory form of diphtheria, accompanied by the exudation of wash-leather-like lymph. On recovering from the diphtheria, he was annoyed to find that his voice was singularly snuffling—he talked through his nose, as it is called. He was troubled very soon after by occasional irregular action of the pharyngeal muscles causing fluids to return through the nose; there was also now and then while swallowing solids a choking sensation, accompanied by violent irregular action of the pharyngeal muscles.

This condition of voice and of impaired

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power of deglutition continued for several weeks; gradually, however, the voice regained its normal quality, and the pharyngeal muscles their healthy action.

This is the most common form in which derangement of the nervous system shows itself after diphtheria. Trousseau has shown, that in these cases there is loss of sensibility in the *velum pendulum palati.*

The organ which next in frequency to the pharynx gives evidence of disordered innervation is the heart. Treasure this case in your mind; it is an instructive one:—

In July last, I twice saw with Mr. Adams, of Harrington Square, a young gentlemen about ten years of age. There was nothing to excite alarm in one less aware than Mr. Adams of the grave nature of even mild cases of diphtheria. The local and general symptoms were very slight. The exudation on the pharyngeal mucous membrane was limited in extent; deglutition was easy; the general symptoms were, with the exception of a feeble pulse, trifling. The local disease quickly improved. On one day only was there even a trace of albumen in the urine, and even on that day, so small was the quantity that its very presence was not beyond doubt. The intellect was unaffected throughout.

The boy was considered by his friends convalescent, when vomiting occurred—still there was nothing to alarm the bystander. But Mr. Adams, at his visit, found the heart's beats, which had been falling in frequency for two days, thirty-six in the minute, and at the same time weak. He at once appreciated the gravity of the boy's situation. When I met Mr. Adams an hour after, the lad's countenance was not indicative of any very serious affection; it spoke only of a sense of languor; vomiting was said to be frequent, but the tongue was scarcely furred; the mucous membrane of the throat looked healthy; there was no albumen in the urine; the air entered freely to the basis of both lungs (we could not of course sit the boy upright, but we turned him on to his side); the heart's beats were rather feeble, the first and second sounds free from murmur, and of normal duration; the period of rest—the long silence—was longer than it should be, that is to say, the heart's beats were infrequent, not slow.

The infrequency and the feebleness of the heart's beats and the vomiting alone told that the boy's life was in danger. The next morning Mr. Adams informed me the pulse, notwithstanding the freest use of stimulants, had fallen to thirty-two, in the afternoon it was twenty-four only, and soon after he died apparently from cessation of the heart's action.

The return of fluids through the nose, the fall in the frequency of the pulse, and the vomiting, sometimes occur before the local and general symptoms have subsided. Thus, in one of the two fatal cases I saw with Mr. Jay, in July, 1858: some days before the little girl's death, which occurred a fortnight after the first symptoms, Mr. Jay noted that there was stertorous breathing, diminution in temperature, relaxation of the skin with free perspiration, return of fluids through the nose, with so great a fall in the frequency of the pulse, that for some time before death there were not more than sixteen beats of the heart in the minute. The heart's sounds were natural. At no time was there any notable quantity of albumen in the urine.

That a fall in the frequency of the heart's beats before death is not constant, is proved by the case of the child whose pharynx, larynx, &c., are on the table. Its pulse, five minutes before it breathed its last, while it was yet conscious, was 140 in the minute.

There are again a class of cases in which the nervous symptoms are far more striking, the paralysis more widely spread, not limited, as in the cases I have hitherto mentioned, to parts to which the par vagum is distributed. Here is the brief outline of a family group of cases of diphtheria, some of which I saw with Mr. Adams.

On the 26th January, 1859, Master Cl, aged three years and six months, died of diphtheria, having been ill thirteen days. Two days before his death, his sister, aged eight years, sickened with the same disease; in her case the local lesion was not grave, and was confined to the pharynx; and the general symptoms were of moderate severity. At one time there was a little albumen in her urine. I saw her on the 31st of January, and for the last time on the 9th of February, when she was considered convalescent, though weak. Mr. Adams informed me, that instead of gaining she lost power. She was removed to the country on the 23d, but grew less and less able to support herself, and died, so far as Mr. Adams and I could gather, from general

loss of nervous power on the 4th of March. The day before her death, she had been taken out of doors.

On the 1st of March, another boy of the same family, aged five and a half years, began to suffer with his throat; he died on the 6th of March, from extension of the exudative inflammation to the larynx. This boy was attacked, and died in the country, where he had been sent with his elder sister on the 31st of January.

Miss Cl., aged twelve years, the eldest of the same family, sickened from diphtheria, on the 8th of February, while with her brother in the country. She was considered to be convalescent on the 22d, and returned to London March 7th. At this date her parents thought her quite well. She gradually, however, fell into the state in which I saw her on the 17th of March; at that time she looked in tolerable health; there was no emaciation, and only moderate pallor of the skin and mucous membranes. To walk, however, a step, she required the aid of two persons. She had very little power in her lower extremities, and still less control over their movements. There was some loss of power in the hands and arms, so that she could not cut her food.

Solids were swallowed without difficulty, but fluids frequently returned through the nose. It was manifest that she exercised very little control over the muscles of the pharynx. Her mind was perfect, her tongue clean, her appetite good; she was taking most nourishing diet; there seemed to be no derangement of the digestive organs. I saw her again on the 23d—there was no improvement; and Mr. Adams informs me that she became more and more powerless, and died shortly after her visit to me on the 23d.

The following interesting case I saw with Mr. Sillifant, of Thornhill Square, last September. Master S., aged one year and ten months, began to suffer from diphtheria on August 16th, 1860 (his brother having died shortly before of the same disease). In three weeks the child had recovered, ran about, resumed its usual habits, and seemed well.

On the 16th of September, his mother noticed that he staggered in walking. Paralysis gradually increased, until he was in the state I saw him with Mr. S. on September 26th. I then noted: "He is very pale, anæmic-looking, thin, muscles small and flabby; but he is not emaciated to any extreme degree. He is intelligent, and eats and sleeps well. There is no evidence of paralysis of any of the muscles of the face, tongue, or eyes. When in his mother's arms, his head falls on one side—backward or forward, according to the position in which he is accidentally placed. When he sits, there is posterior and lateral curvature of the spine, such as occurs from want of muscular power, *e. g.*, in rickets. The arms can be moved at pleasure, though their movements are performed slowly and languidly. The legs are almost powerless; he is quite unable to stand, but when sitting in a chair, supported by pillows, he can move his legs a little. His voice is weak. The respiratory movements are performed feebly. He swallows without difficulty. Fluids do not return through the nose. His pulse is weak—seventy-eight in the minute. There are no evidences of rickets, albuminoid disease, or tubercle. Mr. Sillifant had tested the urine—it was free from albumen."

Mr. Sillifant informed me that the child lived only two days after I took these notes.

"He grew weaker each day; and while sitting propped up in his chair taking some nourishment, he suddenly fell back, apparently in a fainting condition, and died."

He lived thirteen days only from the supervention of the first noted symptoms of deranged innervation.

For an opportunity of seeing the following case I am indebted to Dr. Baly, who kindly sent the patient to me, knowing I was interested in the subject. It affords an example of another form of deranged innervation.

Mr. M., aged 22, a medical student, had an attack of diphtheria while staying in Bedfordshire. The exudation of lymph was limited to the pharynx. The disease began on the 12th of January, 1860. He was ill three weeks. At the end of the illness part of the fluids attempted to be swallowed returned through the nose.

He recovered; was in health for a fortnight; then he had recurrence of the sore throat, and fluids again returned through the nose, and his voice was snuffling. To relieve these symptoms, part of his uvula was removed, and he thought with benefit to his powers of deglutition and voice. Loss of vision of the right eye followed, and he fancied the eye was more prominent

than the other: he regained his sight while taking quinine. As the power of vision returned, he began to suffer from tingling and a slight want of power in the feet, the right foot being first affected. I saw Mr. M. first on the 1st of May; the upper extremities below the elbows were then chiefly affected. He had a difficulty in cutting his food, and experienced a constant tingling in the hands, and a sensation as if something were placed between the fingers and the objects they touched.

There was no albumen in his urine; no manifest derangement of his circulatory or digestive organs. He was strong and healthy-looking, only he had, perhaps, a little less colour in his mucous membranes than he should have had.

This gentleman, Dr. Baly informs me, regained his health after some months.

The symptoms of disordered innervation have commenced in the cases I have seen within three weeks from the date of convalescence. Where the disorder has been limited to the parts supplied by the branches of the par vagum, it has supervened earlier than when it has been more generally diffused. The longest period after the first symptoms of diphtheria at which I have known death occur from disordered innervation is about two months.

Before considering the pathology of the disease—its nature, as it is called—there are some points connected with its etiology and progress which the cases I have seen have strongly impressed on my mind.

1st. That the disease is infectious.

2d. That the infection-element does not require for its development any of the ordinarily considered anti-hygienic conditions.

3d. That it is very doubtful even if any of those anti-hygienic conditions favour its development, or give to it a more untoward course when it occurs.

4th. That family constitution is one of the most important elements favouring the development of the disease, and determining its progress.

1st. Dr. E. lived in Euston Road. He was attending a child ill from diphtheria, when he sickened with the same disease. As he recovered, his attendant was attacked with it, and admitted into ward 3. No one in his house, although there were other inmates, suffered, excepting Dr. E. and the young woman who was in constant attendance on him. The child from whom Dr. E. appeared to have caught the disease resided some distance from Euston Road.

Mr. B.'s infant had diphtheria; three of the other five children and the nurse who held the infant in her arms the greater part of the time it was ill took the disease. The nurse was the only adult in the house who suffered.

Miss C. had diphtheria. She went to the country a fortnight after the commencement of her attack, and within a fortnight after her arrival, her brother, some time resident in the country, had an attack.

Miss and Master B. visited at a house where a child was ill from some disease of the throat, of which she died shortly after. Miss and Master B. sickened with diphtheria a few days after their visit.

A boy, aged about five years, was sent from home in consequence of two members of his family having diphtheria; shortly after a third suffered from the same disease. Two of the three who had diphtheria recovered; they were sent to the country, but to a residence some miles distant from that of the little boy. Three weeks from the time the boy left his home, he was allowed to go to the house to which his sisters had been removed on their recovery, and where they were still staying. Ten days after his arrival there, the boy sickened with diphtheria. In this case either the poison was in the child's system when he left London, and remained latent for a month, a supposition highly improbable, or he caught the disease from his sisters after they met in the country.[1]

2d. Of the cases of diphtheria I have seen the last three years, twelve only occurred in hospital practice. Now of all other diseases I have seen many more in hospital practice than in private practice. And, speaking generally, it may be said that people who seek medical assistance at an hospital are placed in much more unfavourable hygienic conditions than are private patients. These facts are strong evidence in favour of the opinion that the ordinarily reckoned anti-hygienic conditions are not especially favourable to the development of diphtheria.

3d. As to the influence of these conditions unfavourable to health in inducing a fatal termination. Of my hospital patients, half died; of my private cases, rather more than half. With reference, however, to this

[1] See also the cases of Wm. W. and G. O., pages 72 and 96.

point, I should observe that as the large majority of the cases I have seen in private houses have been in consultation, they indicate a greater mortality than the average in the rank of life in which they occurred, a second opinion being sought usually because the case is severe.

4th. As in all the other acute specific diseases, the influence of family constitution in favouring the occurrence of the disease, and in disposing to a fatal termination, is very remarkable. You attend a case of typhoid fever—the patient dies; other members of the family sicken—your anxiety for them should be the greater, because one of the family has already succumbed. For we often meet with families who have lost several members from typhoid fever, or from scarlet fever, from hooping-cough, or from measles, and that not only during the same epidemic and in the same locality, but at long intervals and at far-off places. There seems to exist in some families, though to appearance healthy, an inability to resist the injurious influences of certain specific poisons. This influence of family constitution in favouring the occurrence and determining the ending of diphtheria has, I think, been manifested during the present epidemic.

Thus I have seen one or more of four cases in one family of four children, of which two proved fatal;
of two in another family of three children, both fatal;
of two cases in another family of small size, both fatal;
of five cases in a family of six children, one fatal;
of four cases in a family of six children, all fatal;
of two cases in a family of small size, both fatal;
of two cases in a family of (I think) five children, both fatal;
of two cases in a family of (I think) four children, one fatal;
of two cases, an uncle and nephew, one year between, and in different localities, both fatal;
of two cases in a small family, both fatal;
of two cases in a family of six children, both fatal.

In all these cases the hygienic conditions were good; there was nothing patently bad in regard of drainage, ventilation, overcrowding, water supply, food, or work. All the patients were in the middle rank of life, and resided in good-sized houses, and in fairly open situations.

These facts, of course, speak strongly in favour of contagion, as well as in favour of the influence of family constitution.

As to the pathology of diphtheria; the want of relation in severity between the local and general symptoms, the differences in the characters of the general symptoms, the albumen in the urine,[1] the definite course, the nervous symptoms which follow in some cases, the specific origin, and the frequency with which it occurs as an epidemic, all point to the same conclusion, viz., that diphtheria is primarily a general disease. On the more intimate nature of the disease, my cases throw no light, they afford no clue to its blood or nerve origin.

Diphtheria has been supposed to be modified scarlet fever, but the fact that it attacks indiscriminately those who have and those who have not had this disease, proves that it is altogether a different, though it may still be a closely-allied disease.

The child I saw with Dr. Turle, at St. John's Wood, as well as his sister, subsequently attended by him, had both suffered from scarlet fever two years and a half before.

Of five children in one family at Kentish Town, who were attacked by diphtheria, I had attended three a year before, when they were suffering from scarlet fever. A child I saw, a few hours before it died from diphtheria, with Mr. Baly, had been attended nine weeks before by that surgeon for scarlet fever. A second child in the same family, who had had scarlet fever at the same time, sickened from diphtheria a few days after the first died.

Diphtheritic inflammation of the pharynx sometimes complicates scarlet fever. I have seen two well-marked cases of this during the present epidemic. One of the patients was a child whose sister, shortly after, was under my care for scarlet fever without the diphtheritic inflammation of the throat—the other was a man aged 22, a patient in the hospital. In neither case was the throat affection very severe; both ended favourably.

The diagnosis of the scarlet fever rested

[1] For a knowledge of the highly important fact that albumen is present in the urine of the great majority of fatal cases of diphtheria, we are indebted to Dr. Wade, of Birmingham.

in both cases on the presence of rash: desquamation followed in both.

Are diphtheria and croup essentially the same disease? I think not; because there is no evidence to show that croup is anything more than a local disease, that it is contagious—that it occurs as a wide-spread epidemic—that it affects a large proportion of adults—that there is albumen in the urine—that symptoms of disordered innervation follow recovery from the primary affection. We must not confound diphtheritic exudations with diphtheria, any more than we must confound the acute specific disease erysipelas, such as the physician sees, with erysipelatous inflammation of the skin so common in the surgical wards.

A girl named O'Brien, five years of age, was lately an in-patient at the Hospital for Sick Children. She was suffering from severe chronic pemphigus. She had been in the hospital several weeks, when a large excoriated surface on the side of her chest was noticed to be covered with a thick layer of the wash-leather-like variety of diphtheritic exudation; in a day or two little patches appeared on the conjunctivæ. The child died suddenly and unexpectedly the day after the conjunctivæ were observed to be affected. The parents were Irish, and no examination of the body could be obtained; there were no pharyngeal or laryngeal symptoms. In scarlet fever it is not uncommon to have a little diphtheritic exudation on the tonsil and arches of the palate and pharynx; and I have seen it extend to the larynx. In my first lecture are the details of a case of diphtheria supervening towards the decline of measles.

There were lately in the hospital two cases of ulcer of the leg, when several cases of diphtheria were admitted. The ulcers became covered with diphtheritic exudations. No severe constitutional disturbance accompanied the exudation, and local remedies (nitrate of silver) sufficed for the cure.

Of the pathology of the disordered innervation we know but little. In some of the cases it is probable that the par vagum is chiefly affected. This is shown by the irregular action of the pharyngeal muscles, by the vomiting, and by the failure in the heart's action. I need only mention Weber's experiments, to recall to your minds the influence that nerve exerts on the frequency of the heart's beats. Let the par vagum be exposed and divided in the neck, and then the poles of a galvanic battery be applied to the cut extremity of its distal portion, the heart's action is instantly arrested; remove the wires from the nerve, and the beating of the heart is resumed; reapply the wires, and the action of the organ ceases; and so, for some time, you can at pleasure stay and set going again the action of the heart.

The only other acute specific disease in which I have noted such fall in the frequency of the heart's beats is relapsing fever. In that disease, however, the singularly infrequent beating of the heart, which follows the profuse critical perspiration, indicates the return of health; in diphtheria it tells of approaching dissolution, and that even when the mind is clear and the senses acute.

Diagnosis.—You will have gathered from all I have told you, that the absolute diagnosis of diphtheria in any given case must rest on the detection by the eye of lymph on the mucous membrane of the pharynx. But you may often suspect that the disease is diphtheria before the exudation occurs; and sometimes may be almost certain that it is so; just as in measles or scarlet fever, you may venture on a diagnosis before the anatomical character of those diseases, *i. e.* the eruption, has appeared.

Thus, when diphtheria is epidemic or prevalent in the neighbourhood, or has recently occurred in the same house, and the whole mucous membrane of the pharynx is red and swollen, the uvula thickened, and the parts covered with tough mucus, and the glands behind the angles of the jaw enlarged, you would have strong reasons for apprehending the disease to be diphtheria, and especially so if there was epistaxis or sero-purulent discharge from the nose. Bleeding from the nose is occasionally an early symptom of diphtheria. The general aspect of the patient in some cases, adds weight to the local evidence. For in a few cases of diphtheria, the skin has a dirty opaque appearance, and in many a pallid pasty aspect, very peculiar, though by no means diagnostic. If the patient has had scarlet fever, or if the papillæ of the tongue be neither enlarged nor redder than natural, the probability is still higher that the case is one of diphtheria. When the inflamma-

tion has spread to the larynx, all doubt ceases in regard of diagnosis.

French writers describe an herpetic eruption on the mucous membrane of the pharynx, which may be mistaken, they say, for diphtheria. It is commonly associated with herpes of the lip; and, as a rule, is much more painful than diphtheria, the pain being limited to a single spot in the pharynx. Several cases of this kind have fallen under my observation; in none has there been any great difficulty in separating them from cases of diphtheria.

Prognosis.—No case of diphtheria is unattended by danger. However mild the case may seem at the commencement, death may end it. Never be off your guard.

During the first week of the disease, the great danger to life is from the extension of exudative inflammation to the larynx. If it does reach the larynx, death is the result in a vast proportion of cases. There cannot be in diphtheria the least laryngeal quality in the respiration heard at the bedside, without there being grounds for the greatest anxiety as to the final result. Suppose the first week of illness to have passed without the inflammation extending to the larynx, then death is to be apprehended from exhaustion and loss of nervous energy; and I beg you to bear in mind that death from these causes may follow even when the pharyngeal inflammation and exudation has been trifling in degree and extent.

An extremely rapid and feeble pulse is of grave import; a very infrequent pulse is of fatal significance. Vomiting is another unfavourable symptom, especially if repeated many days in succession. Bleedings from the nose and other organs not only weaken the patient, but are indications of profound blood change; if profuse, the patient's life is in great jeopardy.

Even a trace of albumen in the urine is an unfavourable symptom; when very abundant, a fatal termination of the case is most probable. The albuminous urine probably indicates rather an abnormal state of the blood than disease of the kidney. At least, after death, I have never seen more than congestion of the kidneys. When the albumen is abundant and the urine scanty, some of the symptoms of uræmia may be conjoined with those of exhaustion; *e. g.*, extreme drowsiness, a little wandering of the mind, and a rapid and feeble pulse. All the cases in which I have known delirium occur have ended fatally.

My experience not only justifies the conclusion that diphtheria is more common in childhood than in adult age, but also that the danger is in proportion to the youth of the patient: thus, while seventeen of twenty-two cases ten years of age and under proved fatal, only six of thirteen cases fifteen years of age and over proved fatal.

In the child, death is generally the result of the extension of the disease to the larynx: after puberty, death more often occurs from the general affection: thus of the seventeen fatal cases ten years of age and under, twelve died from exudation of the larynx; while of the six fatal cases fifteen years and over, only one proved fatal from the laryngeal complication.

Treatment.—We have no specific remedy for diphtheria. It is to be treated on the same general principles as the other acute specific diseases. We have no specific remedy for any of the acute specific diseases. We save by medical aid many lives that would be lost from scarlet fever, from typhoid fever, from typhus fever, from measles, &c.[1] We save such lives, however, only by from time to time averting special modes of death. The specific disease is not cut short—it is not cured by our remedies; it runs its course, do what we may to prevent it.

To avert death in any given acute specific disease, we must know and bear in mind how it kills. Thus scarlet fever kills first, by the severity of the general affection; secondly, by the local throat disease and its consequences; thirdly, by the kidney affection and its consequences; fourthly, by accidental complications, as pericarditis, pleurisy, &c. And in treating a case of scarlet fever, we are always on the watch lest any one of these should attain a fatal degree of severity. And by treatment we can do much to moderate the severity of the general disease, and still more for the throat affection, &c. In the present epidemic of diphtheria, I have seen patients die from

[1] "Tendencies accompany or conditions survive the fever," says the most judicious English writer on medicine of the present day, "which remedial measures, opportunely and judiciously applied, avail to oppose and control. Our object must be, when the fever is once established, to conduct it to a favourable close to 'obviate the tendency to death.'"—*Lect. on Princ. and Pract. of Physic.* By T. Watson, M. D., 4th ed., vol. ii. p. 843.

the general disease—from the local throat disease and its consequences—from derangement of the nervous system.

With reference to the general disease, I would advise you to be guided by the same rules that would guide you in treating a case of erysipelas or of typhoid fever, modified only by your knowledge of the special tendency of each to be complicated by certain local lesions of structure, *e. g.*, you would not purge in typhoid fever. So long as there is heat of skin and firmness of pulse, you should abstain from alcoholic stimulants, and give simple febrifuges, as they were once called, viz., saline medicines, which exert a slight action on the skin and on the kidneys, or on both. Acetate of ammonia and citrate of potash are agents well suited for the purpose. At the same time, the bowels should be well cleared out by a dose of calomel and jalap, or calomel and colocynth pill, followed in the inflammatory form of the disease by a saline aperient, *e. g.*, infusion of roses and sulphate of magnesia. In this stage of the disease the inflammation of the throat should be treated by warm fomentations externally, and the inhalation of water vapour with acetic acid. A wineglassful of vinegar to a pint of boiling water is a good proportion—Squire's inhaler is the best I am acquainted with. You may frequently see it in use in the wards. A lead gargle—one drachm of the solution of the diacetate of lead to eight ounces of rose-water—may occasionally be useful; but if gargles cause inconvenience or pain from the muscular exertion of the throat in gargling, their use should never be persisted in. The patient should be confined to bed, the temperature of the room kept at about 68° Fahr., and its atmosphere made moist by placing a kettle with a long spout on the fire.[1] The form of kettle devised by the late Dr. Pretty is very good for the purpose,[1] and very simple. The young child can neither gargle nor inhale, and at this stage of the disease painting the throat with nitrate of silver, &c., is worse than useless. But you can envelop the young child in a warm moist atmosphere much more perfectly than you can an adult; make a tent with blankets over its little bed, and pass the spout of your kettle under the covering of the tent. The kettle need not be on the fire; fill it with boiling water, and then keep it boiling by spirit-lamps. The diet, so long as the febrile disturbance lasts, should be mild. At the same time do not forget that diphtheria, like erysipelas and typhoid fever, is a disease of low type.

When the disease begins with marked feebleness of pulse, dusky redness of throat, and extreme sense of general weakness, wine in full quantities is required at an early period. From six to eight ounces of sherry or port for an adult, and as good a diet as the patient can take must be given from the first. In the course of the disease, much larger quantities of wine, or a proportionate quantity of brandy, may have to be given. Of course the quantity of stimulant must be regulated by the age and habits of the patient, as well as by the character and the stage of the disease; but remember that, as a rule, young children bear and take with advantage, in diseases of depression, much larger quanties of stimulants than you would probably suppose. A child of three years of age now under treatment at the children's hospital for diphtheria, is taking with apparent advantage one to two drachms of brandy every hour, *i. e.*, from three to five ounces of brandy in twenty-four hours. Under all general conditions attention must be paid to secure efficient action of the bowels, and the urinary and intestinal secretions examined daily.

The presence of blood or of albumen in the urine shows that diuretics are contra-indicated. Mustard poultices, followed by warm linseed-meal poultices, may be applied to the loins under such circumstances. The presence of a large amount of lithates in the urine should cause us to weigh the propriety of giving a mercurial aperient; that is to say, to inquire into the state of the biliary excreta.

As to the value of local applications after the most acutely inflammatory stage has passed, when exudation is occurring, I have formed, from the cases I have seen treated by others, and have treated myself, two decided opinions:—

1. That the single efficient application of

[1] This is a tin kettle, with a small aperture at the top closed by a screw instead of a common lid. From the front of the kettle project two spouts of about three feet in length, one spout springs from the upper part of the kettle and passes forward in a straight line; the other spout springs from near the bottom of the kettle and passes obliquely upwards. The lower spout ends in a spoon-like projection, just under the slightly curved down open mouth of the upper spout. The steam passes out of the upper spout, and the condensed vapour drops into the little spoon, and is returned by the lower spout to the bottom of the kettle.

a strong solution of nitrate of silver—a scruple to a drachm of water—frequently stays the spread of the exudative inflammation; but that, on the whole, hydrochloric acid and water in equal parts more frequently attain that object.

2. That the repeated application at short intervals of these strong local remedies is injurious; I think I have seen serious evil result from their application two or three times a day.

To apply any substance efficiently to the throat of a child, the little one must, before any attempt even to look into its throat is made, be firmly fixed, so that all sudden movements of its hands and head are completely prevented, and held so that the light may fall directly down its throat. Then the moment must be seized when the child in crying opens its mouth, and a firmly made tongue depressor, or a broad handled tablespoon be passed to the back of the tongue. Having the spoon or depressor in that situation, it is your own fault if you do not have a full view of the pharynx, and, unless much mucus be present, of the epiglottis. Depress the further extremity of the instrument and bring the tongue at the same time a little forward, and all the parts are within sight. If you use a small teaspoon or a very weak instrument, or do not fix the child firmly, or put the extremity of the instrument on the centre of the dorsum of the tongue, the result will probably be that after a struggle, more or less prolonged according to your own, the child's, and the parents' temper, you will fail altogether in attaining your object, or attain it most incompletely.

Having a good view of the part, the exudation, but especially the surface around the exudation, is to be painted with a camel-hair pencil dipped in the solution, the brush being passed over the surface two or three times in quick succession. The efforts to vomit, which your manipulations may excite, offer no real impediment to your proceedings. The application having been effectually made, you are to wait till the consequences of the application have passed away. Bear in mind, that both the acid and the strong solution of nitrate of silver produce white discoloration of the parts to which they are applied, and do not confound this discoloration with the spread of the diphtheritic exudation. I am sure I have seen severe inflammation of the pharynx kept up by the repeated daily application of irritants, used to cure the disease which they themselves were occasioning. The discoloration from the acid passes away in about thirty-six hours; that from the nitrate of silver somewhat quicker. The ordinary sponge probang is a very clumsy instrument for the application of powerful agents to the pharynx. You know not where the fluid from it goes; but a curved piece of whalebone, with a *very* small piece of sponge attached, must be used when you desire to apply fluid to the pharyngeal openings of the posterior nares and back of the *velum pendulum palati*.

The solid nitrate of silver carefully applied around the spreading diphtheritic patch, has appeared to me in some cases to have at once arrested its spread. I have never seen these powerful topical remedies of use while the parts were much swollen, bright red, and covered with mucus. Nay, under such conditions I have seen them do harm. In a case I saw with Dr. Schulof the frequent injection of cold water into the pharynx, which he had employed before I saw the patient, seemed to afford much relief: the patient recovered.

Do not tear off the false membrane; to do that is to commit a decided blunder. I have seen it done repeatedly, but never with good effect, and sometimes with decidedly bad results.[1]

Chlorate of potash, in doses of four grains dissolved in two drachms only of water, has seemed to me of some use in allaying the laryngeal inflammation. I have had no experience of powdered alum, of which Trousseau speaks very highly.[2]

In treating the local pharyngeal disease, you will note that the objects to be attained are the prevention of the spread of the exu-

[1] "The authors of the sixteenth century agree in reprobating the forcible removal of the false membranes, and also scarifications, together with all roughness of frictions and applications. I have had occasion several times to convince myself of the justice of these precepts, and I have seen the pellicular inflammation aggravated by all kinds of mechanical irritation. When the disease is not arrested in its progress by two energetic applications made at intervals of twenty-four hours, and the signs of the affection of the air-passages begin to be manifested, this local treatment offers very uncertain chances of recovery."—*Dr. Semple's Translation of Bretonneau's "Memoirs on Diphtheria,"* p. 106. The accuracy of these statements of Bretonneau is confirmed by my experience.

[2] Fifteen grains of powdered alum are mixed with a little sugar, placed on the end of a straw, and blown from it into the pharynx several times a day. Tannic and other astringents have been applied in the same way.

dative inflammation to the larynx, and the prevention of the occurrence of such an amount of local mischief as may lead to septicæmia; the latter is infinitely rare, the former is very common. By topical applications you do no good to the general disease, *i. e.*, to the diphtheria. The end you have in view in the employment of the acid and nitrate of silver solutions, is merely to avert death by the extension of the disease to the exudative inflammation of the larynx, and death by septicæmia.[1]

On the table are the pharynx, larynx, trachea, and lungs of a child who died recently in the Hospital for Sick Children. You will note that the exudative inflammation has extended low into the bronchi; that there is extensive collapse and scattered pneumonia of both lungs; and that the pneumonic solidification is of that kind which so often follows on collapse. You will see that there is an opening in the trachea; this was made, and well made, during the life of the child by my friend and former pupil, Mr. Berkeley Hill, lately house-surgeon at this hospital, and now residing at the Hospital for Sick Children.

With reference to the propriety of performing laryngotomy or tracheotomy, when the larynx is invaded by the exudative inflammation, there can be no doubt that some lives have been saved in this country by an opening being made into the larynx or trachea, when death from suffocation in croup and in diphtheria was imminent.

A most unequivocal case of this kind was that of Dr. C. There is not a shadow of a doubt on my mind that he would have been dead in two minutes, had his larynx not been opened at the moment it was by Mr. Quain. I never saw any one so manifestly brought back from the threshold of death. His complexion had that bluish pallor that precedes immediate dissolution. My hand was on his wrist. I felt his pulse failing under my finger, until at last it was imperceptible. His eyes closed, and his diaphragm was making those convulsive contractions which indicate that respiration is about to cease, when the knife entered the larynx, and the air was drawn by what really seemed the last effort of the diaphragm into the lungs. The natural hue of his face returned; his pulse was again perceptible; his eyes opened; consciousness was restored; and the patient was alive again. He finally recovered. Now a thousand failures of the operation in saving life cannot, after seeing this case, prove to me that tracheotomy ought not to be performed when suffocation is imminent from the presence of lymph in the larynx or trachea; for here is a man, whose life was invaluable to his family and most useful to society, restored to health, who, but for the operation, would have been dead.

In France, tracheotomy in children—putting aside those cases in which it is unnecessarily performed—is more successful than it is in England. Why is this? It is said that the operation in England is performed too late; that the patient is allowed to be weakened to an extreme degree before tracheotomy is resorted to. I doubt the correctness of this explanation. I have seen too many children die who were operated on before they were worn out by disease, to admit it. To answer the question, we must examine the facts bearing on it a little more closely. What lesions of structure, not directly due to the operation, do we find after death where tracheotomy has been performed, and what symptoms, explicable by these lesions, are noted during life?

Muco-purulent fluid, in quantity in the bronchial tubes, collapse of lung-tissue, and solidification of lung-tissue from inflammation—the inflammation being commonly secondary to collapse—these are the lesions we find to account for death after tracheotomy in cases of diphtheria and croup. These are the lesions to be seen in the lungs on the table, to which I just now directed your attention. During life we hear mucous and sub-mucous râles over the lungs, and it may be that we find here and there a little dulness on percussion. The increased difficulty to the entrance of the air into the lung-tissue, occasioned by the mucus accumulating in the bronchial tubes, may be measured from hour to hour almost, by the increasing recession of all the softer parts of the thoracic walls during the inspiratory efforts.

The sequence of events then seems to me to be as follows: Formation of irritating muco-purulent fluid in the trachea and largest bronchial tubes; the advance of the mucus, at each inspiration, further and

[1] Trousseau, the most recent, and, after Bretonneau, the best writer on diphtheria, expresses a very different opinion as to the value of local remedies in diphtheria. See note, p. 101.

further into the ramifications of the bronchial tubes; irritation by its presence of the bronchial mucous membrane, and the pouring out of fresh muco-purulent fluid. There is, as a rule, no active inflammation of the bronchi, there is little swelling, little tenacious mucus; hence there is during life little or no sonorous rhonchus. But why, you may ask, does not the patient get rid of the muco-purulent fluid by coughing? The answer is easy. He can cough but imperfectly, on account of the state of his larynx and trachea.

Remember the mechanism of cough and of expectoration. How often have I, and how often shall I again recall it to your mind? To cough freely and deeply, so as to remove obstructions from the bronchial tubes, you take a deep inspiration and then close the glottis; next you compress the air-distended lungs by violent expiratory effort, and then suddenly opening the larynx you drive out of the bronchial tubes by the force of the expelled air all matters contained in them; you expectorate. The child who has a tube in his trachea, or whose larynx is so diseased that he cannot close it firmly, is necessarily unable to cough deeply. He cannot compress the air-containing tissue of the lungs with force enough to drive out by the current of expressed air any excess of mucus, or other matters, from the bronchial tubes. You may excite cough as often as you desire by closing the tube for an instant, and some expectoration will follow; but unless a deep inspiration has preceded the closure of the tube, the quantity of air driven out by the expiratory effort must be small, and the force of its current feeble, consequently the cough will be ineffectual for the clearance of the bronchial tubes; the next inspiratory effort draws the mucus and the secretions from the larynx, trachea, &c., still lower into the tubes. After a short time collapse of lung tissue necessarily follows, and too often the collapse has for its sequences congestion and exudation, *i. e.*, pneumonic consolidation. In diphtheria there is irritating and abundant secretion from the larynx and trachea. In order to cough effectually, you understand, a preliminary full inspiration is essential. Whatever, therefore, prevents such an expansion of the chest-walls or lungs as shall perfectly distend the air cells of the latter with air, prevents effectual cough, and so favours the accumulation of mucus, and of the acrid secretions from the larynx, trachea, &c., in the bronchial tubes, and therefore favours the occurrence of pulmonary collapse, congestion, and inflammation.

Flexibility of the chest-walls is a condition which prevents full inspiration of air when there is the least obstruction to its free passage through the bronchial tubes. The greater the flexibility of the chest-walls, the greater is the mechanical difficulty to the inspiration of air. It is because of the flexibility of their chest-walls that little children, constitutionally healthy, more often die from an attack of bronchitis than do adults, and that children whose ribs are softened from disease commonly die from pulmonary collapse when they are the subjects of trifling catarrh.

Trousseau remarks that he has seen only three children under two years of age recover after tracheotomy for croup. The principal reason for the mortality in children of this age is, that their chest-walls are so flexible that mechanical power is wanting to draw air beyond the fluid which from any cause finds its way into the bronchial tubes. Supplementary causes are the susceptibility of young children to capillary bronchitis, and to the supervention of pneumonia or pulmonary collapse.

But why do a larger proportion of older children die after tracheotomy in England than in France? The cause of this difference is, I think, to be found in the greater frequency of rickets in England, and consequently in the greater flexibility of the chest-walls in proportion to the age of the children. You will observe that many children who are not decidedly rickety are still the subjects of slight softening of the bones. There is no sharp line of demarcation in regard of consistence between the bones of a healthy child and the bones of a rickety child.

As to the early or late performance of tracheotomy in diphtheria, be sure before opening the trachea, first, that the exudative inflammation has extended to the larynx, and secondly, that it is advancing in severity. In judging on these points do not omit to look at the chest, and be guided to a considerable extent by the degree and increase of the recession of the soft parts of the parietes during inspiration. Being satisfied on the two points I have just mentioned, the sooner the operation is done the

better. The mortality under any treatment is frightful, but tracheotomy will save a small proportion of cases—then why refuse life to those few? As you grow older you will know the satisfaction it is to have a well-founded conviction that in even a single case you have been the means of saving life. In the adult, laryngotomy is to be preferred to tracheotomy; the larynx is large enough to admit a tube; in children it is too small, especially when narrowed by swelling of its mucous membrane and exudation on its surface. In children then you must open the trachea; open it, however, as near to the larynx as possible. It is said, open below the seat of disease; I think the reverse should be the rule. If you open into the healthy part you establish a new centre of irritation and inflammation.

The child, whose trachea, &c., is on the table, and of which I have before spoken, was only a year and ten months old, and the subject of rickety softening of the ribs. Observe that there is no increase of the disease at the spot where the opening was made, though Mr. Hill opened into the diseased part. Had such a case as this occurred in private practice, the friends of the child should have been informed that death was certain unless an operation was performed; that an operation would give no more than the shadow of a shade of a chance of recovery. And even under more favourable circumstances, *i. e*, when the patient is older, and not rickety, you should fully explain to the friends the small proportion of operations that terminate in ultimate recovery. In all the cases, save one, that I have seen operated on, temporary relief and prolongation of life has been the result.

After tracheotomy, I have seen children die from two lesions of structure, directly due to the operation. One is injury (ulceration, &c.) to the trachea, from the mechanical irritation of the tube, and the other, suppuration in the anterior mediastinum, inflammation extending downwards from the lower border of the wound in the neck, through the cellular tissue in front of the trachea to the loose cellular tissue in the anterior mediastinum.

Against these as well as other dangers you must guard. I will describe to you a case lately under my care in the Hospital for Sick Children; and from that description you will learn the symptoms which I consider indicate the propriety of opening the trachea, and all the precautions I thought desirable to favour a successful termination of a case of tracheotomy for diphtheria.

The child (George O.) was three years and two months old; its ribs for its age were remarkably firm; its mother had had hæmoptysis.

This child was in the hospital, rapidly convalescing from measles, accompanied by very severe bronchitis, for which ammonia and brandy had been required. When about *one A. M., January 5th*, 1861, *i. e.*, twelve hours after the death of William W.,[1] who lay in the next bed, it was observed by Mr. Hill to be hoarse, and breathing rapidly and stridulously. The cough had assumed a croupy character. There was no lividity of the surface, no recession of the soft parts of the thoracic walls. The mucous membrane of the fauces was very red and swollen. There was no lymph on it. The child had been seen by Mr. Hill, at ten P. M., in his ordinary round, and at that time the breathing was not noisy, in fact, the boy seemed to be progressing towards health most satisfactorily.

The child was at once placed in a bed, to each corner of which is attached a rod, three feet in height; the four upright rods being connected at their tops by four transverse rods. Blankets were thrown over this framework, and into the circumscribed space so formed, hot water vapour was introduced from a long-spouted kettle. At the same time the bed was drawn near to the fire, and bottles of hot water placed in and on the bed; the object being to envelop the child in a pure, moist atmosphere, having a temperature of about 70° Fahrenheit; subsequently a current of hot dry air was passed in a tube through the tent. Fifteen minims of tincture of sesquichloride of iron in water were ordered to be given every two hours, and half a drachm of brandy every hour. The child slept at intervals during the night, and at nine o'clock on the morning of the 5th, Mr. Ringer noted the child lying on its back asleep; in breathing it made a loud snoring noise. On waking, the child coughed; the cough was hoarse, metallic, and ringing in character; it was followed by stridulous inspiration, the ordinary breathing had the laryngeal quality, the voice was thick. The child swallowed without pain or difficulty, it did

[1] See p. 73.

not look oppressed, its skin was warm and free from lividity. The pulse was frequent and weak. There was, during inspiration, considerable recession of the lower part of the sternum, and of the margin of the thorax, as well as deepening of the supra-sternal and supra-clavicular regions, and of the intercostal spaces.

At two P. M. of the same day I made the following notes:—

"The inspiratory and expiratory sound as heard at the bedside are both laryngeal in quality.

"The pulse is 132, small and weak.

"The respirations are 48 in the minute.

"The child breathes through its open mouth, at the same time the nares dilate during inspiration.

"There is occasional cough, laryngeal in quality.

"The recession of all the softer parts of the thoracic parietes during inspiration is considerable, the lateral regions being flattened.

"On percussion both sides of the thorax are hyper-resonant.

"On auscultation the inspiratory murmur is very faintly audible. No abnormal sounds are heard in any part of the chest.

"The tonsils, uvula, arches of the palate, &c., are red and swollen. Much mucus obscures the view of the pharynx. The mucous membrane of the nose is dry. The lymphatic glands behind the angles of the jaw and down the sides of the larynx are somewhat larger than natural, but not tender."

The dose of the brandy was increased from half a drachm to a drachm every hour. I expressed a wish that the trachea should be opened in case the impediment to the entrance of the air into the chest increased.

At ten P. M., Mr. Ringer noted that the child looked more oppressed, that the lips were slightly livid, that inspiration was more difficult and prolonged, that the sound accompanying inspiration was more strongly laryngeal, that the soft parts of the chest walls fell in very greatly during inspiration. It was obvious that the impediment to inspiration was rapidly increasing. The pulse was frequent, but of pretty good power. No time was to be lost, every quarter of an hour was of moment, and therefore tracheotomy was at once performed by Mr. Berkeley Hill. I again use the notes of our accurate and able Registrar, Mr. Sidney Ringer.

Much blood was lost in the operation (this is sometimes unavoidable); the trachea was opened as near to the larynx as possible. After the tube[1] was introduced there was some blood and mucus in the trachea, which caused the child much annoyance and excited frequent efforts to eject it. In about an hour these efforts ceased, and the child fell into a calm sleep, lying on its back and breathing quietly. There was now no falling inwards of the softer parts of the chest walls during inspiration. The colour of the lips was good, there was no pallor of the face, no lividity. There was still a little dilatation of the nares during inspiration. When the tube became clogged, but then only, was there recession of the softest parts of the chest walls. The pulse was 108, and of tolerably good power. The respirations were 42 in the minute, but very irregular.

The skin, as judged by the hand, was of normal temperature and moist. There was much moist râlé at the bases of both lungs.

On January 7th, the second day from the operation, and the third day of the disease, the breathing was very tranquil, but occasionally hurried. There was no lividity of the surface. The boy had some colour in his cheeks, he looked calm. The pulse was 132, soft, not particularly weak.

On January 8th, the pulse was 132. The respirations were 38; there was no lividity, the lips were of good colour.

Mr. Hill placed his finger on the tube, then in a second or two withdrew it; the child necessarily took a deep inspiration. Seizing the moment when the chest was distended by air, Mr. Hill again placed his finger on the tube, waited until effort to cough was made, and then suddenly withdrew the finger; by this manœuvre he succeeded in making the boy expectorate much muco-purulent fluid.

The wound was freely cauterized with nitrate of silver.

On January 9th, the fourth day from the operation, the child's general condition had greatly improved; he sat up in his bed and played with his toys. The nurse reported that he had slept well at night. The bowels had acted once during the last twenty-four hours, as they had daily from the outset of

[1] The tube used was a common double silver canula, as large as the trachea would receive. The canula, with an aperture on its dorsal surface, seems to me, however, better than that here used.

the disease. The urine had been tested daily, but *on this day, for the first time, it was found to contain albumen. The albumen was always to be detected in the urine from this date till the child's death.*

Some muco-purulent fluid was coughed past the tube through the larynx into the mouth. The child ate a little dry sponge-cake. Mr. Hill took out the tube in the evening and closed the aperture in the trachea with his finger, to test the child's ability to breathe through the natural passages. The child struggled so much for breath that the finger was soon removed; a good deal of dirty-looking, fœtid, muco-purulent matter escaped from the trachea through the wound. The tube was reintroduced.

On January 11th, *i. e.*, the seventh day of disease, the child's general condition was very good; the pulse 136, the respiration 42. It ate and slept well, and displayed more irritability of temper than it had previously done. The wound, however, looked in a bad state, its edges being sloughy and offensive. Mr. Athol Johnson, who saw the patient with me, advised that the wound should be washed with a solution of chlorinate of soda.

On January 12th, *i. e.*, seventh day after the operation, the child at the time of my visit in the afternoon was sleeping so tranquilly that its respirations were inaudible, the frequency was only to be determined by the hand placed on the abdomen. The respirations were 40, the pulse 136. The skin was soft and normally cool. The wound was looking more healthy, but the opening into the trachea was wide and ragged-looking. In the evening the child sat up in bed and played lustily with a drum.

In the course of the evening Mr. Hill removed the tube for a few minutes, a violent fit of coughing was the result, during which some mucus was ejected through the opening in the trachea, but it hung around the wound, so that it was drawn into the trachea again at the succeeding inspiration. When the tube was in the trachea the mucus was expelled from the tube, and so removed from the influence of the next inspiration. As the child became livid and the pulse very feeble from the obstruction to the ingress of air offered by the mucus drawn into the trachea, the tube was replaced.

On January 13th, the pulse was 138 and rather irregular in force and frequency. The child breathed calmly, and was cheerful. Its skin was cool, its appetite excellent.

Every day, however, that anæmic pasty look so often seen in diphtheria had increased.

From the day of the operation the child had not been allowed to drink, but all his food had been soaked in milk, wine and water, or beef-tea. The importance of giving all fluids in the form of sop is to be impressed on the nurse, because two or three days after the operation the glottis has been observed to lose some of its irritability, and fluids have passed into the larynx and even caused the death of the patient. A friend of mine told me that he lost a very promising case, apparently from this accident, on the fourth day after the operation.

The boy having declined the tincture of the sesquichloride of iron on the second day, it was omitted, and a few grains of the ammonio-citrate of iron were given in its place.

From the 13th to the 17th January, the pulse rose daily in frequency. On the 16th it was 160 in the minute. All this time, however, the child continued cheerful.

On the 18th January, *i. e.*, the fourteenth day of illness, the child took its breakfast as usual; at noon it was evidently sinking; its pulse was 176, its respiration 76, and there was great recession of the chest walls during respiration.

At five P. M., the pulse was too rapid and feeble to be counted, and the respirations were 86 in the minute. At nine P. M. the child died.

The child had never been removed from the bed for the purpose of examining its chest from the time of the operation. Much injury might have resulted to the child from the exposure and exertion, while no good end could have been attained by the knowledge that a little mucous or submucous râle, or a little fine crepitation existed here or there.

After death, the wound showed no signs of attempt at repair. It was sloughy-looking, and at places on it was some granular lymph. The lungs were acutely but highly emphysematous, so that they met in the middle line and almost covered the heart. The most depending part of the inferior lobe of the left lung was collapsed. The collapse affected about one third of the lobe. The bronchial tubes leading to the inferior lobe

contained a large quantity of very thick airless purulent fluid. The smallest tubes running through the collapsed tissue, were filled with fluid of the same character. The collapsed portion broke down too easily on pressure, and was less flabby than is merely collapsed lung-tissue; it was evidently the seat of incipient secondary pneumonia. On cutting across the emphysematous parts of the lung, *i. e.*, all the lung not collapsed, a good deal of aërated muco-purulent fluid escaped. The inferior lobe of the right lung was scarcely if at all collapsed. The posterior third of the superior lobe was solid, chiefly from pneumonia. Here and there. around and mingled with the lobules, solid from pneumonia, were little portions of collapsed lung-tissue, and the small bronchial tubes running through the collapsed and solid-from-pneumonia lobules, were filled with thick airless purulent fluid. The lymphatic glands behind the angles of the jaw, down the neck, beside the larynx, and at the bifurcation of the trachea were large, red, moist, and brittle.

The uvula and the velum pendulum palati were thickened. On the posterior surface of the velum was a patch of tough lymph about the size of a sixpence, and from this a layer of tough lymph extended upwards, even into the posterior nares. The coats of the pharynx itself were thickened and somewhat contracted. The epiglottis seemed healthy, except that its under surface was covered with thick mucus. The arytenoepiglottidean folds were scarcely thicker than natural. Below the root of the epiglottis, the mucous membrane, as low as the bifurcation of the trachea, was covered with a continuous layer of tough lymph. On removing this, the mucous membrane beneath was found to be intensely red. The opening from the trachea into the larynx was completely blocked up by lymph.

The wound internally looked healthy. Over the ring of the trachea next below the opening, the mucous membrane to a small extent was abraded or superficially ulcerated. The kidneys and other abdominal viscera contained an excess of blood, but seemed otherwise healthy.[1]

You will note in the account I have given you of this case, as especially worthy of remembrance in regard to the operation for tracheotomy—

1. That the operation was performed as soon as it was evident that the laryngeal disease was progressing, and was seriously interfering with the entrance of the air into the thorax; the excess in the falling in of the chest walls over that of health during the child's ordinary inspirations, being regarded as the measure of the impediment to the passage of the air through the larynx.

2. That the opening into the trachea was made near to the larynx. It was so, 1st, in order that there might be as little chance as possible of the inflammation extending to the cellular tissue of the anterior mediastinum; 2dly, in order that the air might have as long a passage as possible to pass through before reaching the lungs; and 3dly, and especially, in order not to excite inflammation lower down the trachea than already existed when the operation was performed.

3. That no fears respecting the evil consequences of opening the diseased part of the trachea exercised any influence in determining the spot for the operation.

4. That the tracheal tube was of good size.

5. That the edges of the wound were freely cauterized after the operation.

6. That the air the child breathed was kept as nearly as possible at 70° Fahr., and was moist. These conditions were secured by the arrangements of the bed I have described to you, and by covering the openings of the tube by a neck comforter.

7. That measures were taken from time to time, to excite deep cough, and so to favour expectoration of the morbid matter drawn into the bronchial tubes from the trachea, and formed in the bronchial tubes from the irritation of that matter, &c.

8. That the child was well supported by food and stimulants from the first. Fluids being always supplied by soaking sponge-cake, bread, &c., in them; baked apples and grapes were given freely.

At the time of the operation two facts were in favour of the child's recovery, *viz.*, it being more than two years old, and its ribs being firmer than is usual at its age. But then, on the other hand, the child was weakened by the attack of measles and bronchitis, from which it had scarcely recovered when it began to suffer from the diphtheria; it was still at an age when capillary bronchitis, collapse, and pneumonia, secondary to collapse, are very common;

[1] They were examined with the aid of the microscope.

and the diphtheria, the general disease, had yet to run its course.

The death of the child was the consequence of the general disease, hastened probably a little by the state of the lungs.

The operation was successful so far as concerns the attainment of the object for which it was performed. The child would have died on the 5th of January, had the trachea not been opened; it lived to the 18th. Slow suffocation is one of the most distressing modes of death; death from asthenia one of the least. So that twelve days of life were gained and much suffering was avoided by the operation.[1] You will remember that I told you, that the laryngeal affection all but always kills within a week from its outset, and usually within three days, and that the general disease more commonly causes death during the second week.

The sequence of events in this case, and the relation and importance of those events, seem to me to have been as follows:—

Diphtheria late in the night of January 4th; the exudative inflammation affecting the larynx and pharynx. Exudation of lymph into the larynx early on the 5th. Death by suffocation averted on the night of the 5th by opening the trachea.

Continuance of the diphtheria. Extension of the exudation downwards to the bifurcation of the trachea; and upwards to the posterior surface of the velum pendulum palati, and thence forward to the anterior nares.

Diphtheritic inflammation of the wound. Expectoration through the opening in the trachea, facilitated by the firm state of the ribs and the management of the tube, and thus death by collapse averted.

The progress of the general disease shown during life by the occurrence, for the first time, of albumen in the urine on the fourth day of disease, and the continuous and gradual rise in the frequency of the pulse, and, after death, by the exudation on the pharyngeal and nasal mucous membranes.

The little collapse and the small amount of pneumonia probably supervened during the last day of life, the patient no longer expectorating the irritating matter drawn into the bronchi from the trachea.[2]

Death from asthenia at the end of the second week of the disease.

With regard to the remedies that have been praised as specifics in diphtheria, or as all but meriting that high name, I have seen nothing like unequivocal specific good from any of those of which I have had experience. I have either given myself, or seen given by others, the tincture of the sesquichloride of iron, in doses of twenty drops every two or three hours; sesquicarbonate of ammonia, in doses of four or five grains every two or three hours; bark in various forms, with and without ammonia; and calomel; but by none of these have I seen any specific influence exerted. From all, some benefit has accrued, when

[1] If tracheotomy did no more than substitute the easy death from collapse and pneumonia, or from asthenia, for the painful death from obstruction in the larynx, it would in many cases be a justifiable operation. Trousseau has drawn, with a master's hand, so faithful and graphic a picture of the terrible suffering in death from slow suffocation, in acute laryngeal inflammation, that I cannot refrain from quoting his words and his description at length:—

"Cependant les accès se rapprochent en devenant de plus en plus violents; et jusqu'au moment de l'agonie il n'y a bientôt plus entre eux d'intervalles de tranquillité; le sifflement laryngo-trachéal est continu. De temps en temps, les pauvres enfants, dans un état d'agitation impossible à décrire, se dressent brusquement sur leur séant, saisissant les rideaux de leur lit qu'ils déchirent dans leurs mouvements de rage convulsive; quelquefois ils écorchent avec leurs ongles les papiers tendus sur les murs; ils se précipitent au cou de leur mère et des personnes qui les entourent, les embrassant, et cherchant à s'accrocher sur se qui se trouve à leur portée pour y prendre un point d'appui. Dans un autre moment, c'est contre eux qu'ils tournent leurs efforts impuissants, portant violemment leurs mains à la partie antérieure de leur cou comme pour en arracher quelque chose qui les étouffe. La face bouffie, violacée, les yeux hagards et brillants, expriment l'anxiété, la plus pénible et une profonde terreur; puis l'enfant tombe accablé dans une espèce de stupeur durant laquelle la respiration reste difficile et sifflante. La face, les lèvres sont alors pâles, les yeux abattus. Enfin, après un effort suprême de respiration, l'agonie commence, et la lutte se termine sans qu'il y ait eu, à partir de ce moment, autant d'accès de suffocation qu'auraient dû le faire prévoir ceux qui ont eu lieu jusque-là. Chez l'adulte, le tableau est plus effrayant encore. La violence des accès de suffocation, l'espèce de rage qui s'empare du malheureux mourant, étranglé par cet obstacle dont il ne peut se débarrasser, sont impossibles à dépeindre. A la fin, lorsque les lèvres sont devenues livides, lorsque le visage est bouffi, violacé; au dernier terme de l'asphyxie, l'adulte tombe, comme l'enfant, dans cette sorte de stupeur et d'enivrement, et meurt ordinairement, dans un état de prostration."—*Clinique Médicale*, 1861, p. 322.

Those only who have witnessed the sufferings so described, and the instant relief from them that follows on the opening of the windpipe, can appreciate fully the palliative value of tracheotomy.

[2] It will be gathered from the account I have given of this case, that I cannot agree with Trousseau in the following statement:—

"It seems as if the disease, having reached the air-passages, exhausted there all its force, and *if by giving passage to the air into the respiratory apparatus by tracheotomy we prevent the patient dying, the cure will occur naturally.*"—*Clinique Médicale*, 1861, p. 424.

their exhibition was specially indicated—just the kind of good we see from them when judiciously administered in other diseases.

As the septicæmia results from the absorption of fetid matters from the throat, local applications are indicated—solid nitrate of silver should be applied freely to the fetid surface, as soon as the glands behind the angles of the jaw begin to increase quickly in size, and to become tender, and gargles or washes of chloride of soda, or of Condy's fluid, used; by cauterizing the surface from which the infection is proceeding, and by the use of these antiseptics, we may prevent that which, when fully established, we are impotent to cure.

With reference to the treatment of the nervous disorders which follow diphtheria, as all the symptoms of those disorders indicate loss of power, and are accompanied by pallor and other anæmic symptoms, nourishing animal and stimulating diet, fresh air and exercise, and steel and quinine, seem especially to be indicated. Where the paralysis has been limited to the pharyngeal muscles, to tingling in some parts, to affections of the special senses, or to slight want of power in the extremities, those measures have proved successful; but when the paralysis has been widely spread or extended to the heart, the cases have ended fatally, notwithstanding the employment of the remedies I have mentioned. In any case of the kind I again see, I shall certainly give strychnine, in small doses, a fair trial, in addition to general tonic remedies. Perhaps stimulation by blisters over the upper part of the spine might be of use.

In the treatment of the diphtheritic throat affection, I have seen blisters applied, and it has seemed to me that their effects were injurious.

The vomiting is best allayed by iced stimulants internally, and mustard poultices to the epigastrium. Vomiting often continues notwithstanding all our remedies, and by exhausting the patient hastens the fatal termination. Restlessness and delirium are to be treated by opiates. The doses of these remedies must of course vary with the ages of the patients.

To conclude, the great facts I desire to impress on your minds are—

1st. That diphtheria is a general disease, having exudative inflammation of the pharyngeal mucous membrane for its anatomical character.

2d. That it attacks persons of all ages, from early infancy to old age; but is most common and most fatal in childhood.

3d. That it is contagious, but requires for its propagation either complete exposure to the contagious principle, or predisposition on the part of those receiving it, and that the latter is probably by far the more important of the two conditions of development.[1]

4th. That the general disease varies in its character from sthenic febrile to typhoid febrile, but always has a tendency to assume an asthenic type.

5th. That the local nasal, pharyngeal, and laryngeal disease is inflammatory in nature, the inflammation varying in character from sthenic to asthenic, but always showing a tendency to become asthenic.

6th. That, as we have as yet discovered no specific remedy for the general disease, we must treat it in accordance with general principles, bearing in mind its tendency to assume an asthenic character.

7th. That *all* we are to expect from the topical employment of active agents, such as nitrate of silver, is the arrest of the exudative process before it has extended to the larynx, and the prevention of the absorption of fetid matters.[2]

8th. That in opening the windpipe, the sole object we have in view is the prevention of death by suffocation; that by so averting death, time is gained for the general disease—the diphtheria—to run its course.

9th. That the muco-purulent fluid in the

[1] There is not the shadow of ground for the belief that the disease can be carried by the clothes, &c., from one house to another.

[2] Trousseau thinks that the general disease is curable, or, at least, that it is capable of being arrested by remedies applied to the throat.

"There is, however," he says, "an essential difference between diphtheria and the diseases I have just named (*i. e.*, smallpox, measles, syphilis), viz., that greater account is to be taken of the local affection in diphtheria than in those diseases. If in smallpox, for example; we do not occupy ourselves with the pustules, if we occupy ourselves with them at least only for diagnosis and prognosis; if we do not occupy ourselves with them in regard to treatment, it is not so in diphtheria. We may compare, indeed, what happens here with what happens in malignant pustule, where, in attacking directly the local affection, we check (*enrayons*) *the progress of the general disease* of which that affection was a first manifestation. *So in diphtheria, by interposing energetically to combat the first manifestation, we may sometimes arrest the progress, prevent the ulterior manifestation.*"—*Clinique Médicale*, 1861, p. 363.

The doctrine taught in the text, founded on my own experience, is quite opposed to these views.

smaller bronchial tubes, which by its presence in them necessitates pulmonary collapse, is partly drawn into them from above and partly secreted in them; the secretion being due chiefly to the irritation of their mucous membrane by the morbid matter drawn into them from the trachea, &c.

10th. That death so often follows tracheotomy for diphtheritic inflammation of the larynx and trachea, because of the mechanical facility which exists for inspiring the morbid secretions of the larynx, trachea, and larger bronchial tubes into the smaller bronchial tubes and air-cells, and of the mechanical difficulty of expectorating matters from the smaller bronchi when there is an opening in the windpipe, or when the chest walls are very flexible.

11th. That death from the laryngeal complication occurs, with very rare exceptions, during the first week of disease; that death from asthenia more commonly occurs during the second week of disease, and that the youth of the patient is a predisposing cause of the laryngeal affection.

12th. That in exceptional cases (as in the lad M.) diphtheria proves fatal in a few hours from the severity of the general disease, just as happens now and then in scarlet fever.

13th. That disordered innervation is an occasional consequence of diphtheria; that the parts of which the innervation is most commonly disordered are some of those to which the par vagum is distributed, viz., the pharynx, the stomach, and the heart; that the disorder may affect all or some of the motor and sensitive nerves, or the motor or the sensitive nerves of the trunk or of the extremities, as well as the nerves of special sense.

14th. That these disorders of the nervous system are to be treated on general principles, and that as anæmia (sometimes even a high degree of it) is a common concomitant, restoratives, including steel, are indicated.[1]

15th. That an extreme fall in the frequency of the heart's beats during the disease, or as a result of one of the nervous derangements succeeding it, is a fatal sign; and that decidedly diminished power in the inspiratory muscles is probably of equal significance.

16th. That delirium, frequent and uncontrollable vomiting, considerable hemorrhage from the nose or other parts, a very rapid and feeble pulse, and albumen in the urine, are most unfavourable symptoms.

[1] I have not had an opportunity of examining after death, a case in which disordered innervation was a prominent symptom; but, judging from the character of the symptoms, I should not expect to find any appreciable change in the structure of the brain, spinal cord, or nerves. In the few cases that have been examined by others, no change has been detected.

HOSPITAL NOTES AND GLEANINGS.

Treatment of Housemaid's Knee by the Thread Seton.—At the present time three girls, of the respective ages of fifteen, sixteen, and seventeen years, are to be seen in one ward of St. Bartholomew's Hospital, who are the subjects of enlarged bursæ over the knee, brought on by kneeling on a hard floor or stone steps whilst following their occupation as servants. The occurrence so early in life is unusual; but there is no reason why females of all ages should not be subject to this affection if exposed to the causes which give rise to it. We recollect an instance, in University College Hospital, of a young man, under Mr. Erichsen's care, with an enlarged bursa over one of his knees, the result of his peculiar calling, which was that of a tacker down of carpets.

When Mr. Skey's patients were admitted, all the acute signs of inflammation had subsided; but the enlarged bursæ remained filled with fluid. Various plans of treatment are recommended for this affection, including, amongst others, repeated evacuation by punctures, until the bursal sac secretes no further fluid, or is obliterated by inflammation. Simple as this process is, however, fatal consequences have ensued by the severity of the constitutional symptoms. Mr. Skey's practice is to pass through the tumour a thickish thread, which is allowed to remain in. This sets up inflammatory action, known by a little redness around the entrance of the thread, and the swelling either subsides altogether, or, what is more common, an abscess forms, which is opened, and the cavity becomes obliterated. In these three patients this treatment was followed out, and suppuration took place in all, with the result of cure. In one—the girl of sixteen—erysipelas was contracted in the knee, and in the foot of the same leg, from a patient in the neighbouring bed. An abscess formed in the foot, which was opened, and the erysipelas

is disappearing under the use of quinine internally.

Mr. Skey applies the seton to all forms of housemaid's knee. He thinks it is perhaps better suited, however, to the hard and indurated bursæ.

There are some examples of this disease, wherein the walls of the cyst have become so thick and solid that no plan of treatment short of actual removal will prove of any avail. We have seen Mr. Fergusson, at King's College Hospital, dissect them out, under such circumstances. with good results. And we can call to mind an instance that came under our notice some months back, at University College Hospital, under Mr. Erichsen's care, of a girl who had a bursal tumour of this character wholly removed.

In October last, Mr. Quain had a girl, aged nineteen years, under his care in the same hospital, in whose left knee was a fluctuating bursal tumour, of the size of a small orange. This was treated by a thread seton, with the result of causing evacuation of its contents, mild suppurative inflammation, and obliteration. In that instance the tumour had been present ten months, and arose from kneeling while scrubbing.—*Lancet*, April 27, 1861.

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Lodgment of a Farthing in the Œsophagus of a Young Child; Ejection through the Influence of Emetics.—We publish the following very remarkable instance of the impaction of a farthing in the upper part of the œsophagus of a child eighteen months old for the long period of three months. The symptoms were peculiar, and as very little food passed downwards the child became much emaciated. The presence of the farthing at the back of the larynx occasioned attacks of dyspnœa. It could not be felt with the finger, and its ejection was successfully accomplished by repeated emetics. Considering the period during which lodgment continued, it is somewhat singular that ulceration, abscess, or some more serious mischief had not ensued. Mr. Erichsen relates an instance in which a piece of gutta percha had remained lodged and undetected in the œsophagus of a man for upwards of six months. One day at dinner this patient suddenly vomited a large quantity of blood and fell down dead. The foreign body had formed a pouch for itself, and had ulcerated into some important bloodvessel. The subjoined case is uncommon, because a foreign body is generally readily detected in the throat of a child.

J. P——, aged eighteen months, female, was admitted August 24th, 1860. Her mother reports that about twelve months ago the child nearly swallowed a farthing; for fourteen days after this feat she was weak and ailing, and then began to vomit and make a noise in her breathing. Her breath is sometimes very short: she gets dark in the face; has constant sickness; the food seems not to descend beyond a little way. Gets worse; is emaciated; lips now of good colour; loud snoring noises all through both backs, which are fully resonant; jugulars not distended.

On examination of the throat two days later with the finger no foreign body could be felt. Emetics of sulphate of zinc night and morning were ordered. On the 28th the child had a severe paroxysm of dyspnœa, and appeared in great danger of suffocation. In the evening the mother gave her three consecutive doses of the emetic mixture. The first two had no effect, but after the last the child vomited up the farthing. It was shown to Dr. Jones the next day. The coin was much darkened, and had a distinct transverse line running across its middle; at first there was a substance "like liver" adhering to it. Since the ejection of the farthing the child has swallowed better. It is probable that the coin had lain during the long time that had elapsed from the date of its being swallowed in the lower part of the pharynx, just behind the entrance to the larynx. In this position it would obstruct permanently the descent of food into the œsophagus, and also might easily irritate at times the constrictor muscles of the glottis, so as to close the opening, and thus cause the paroxysms of dyspnœa. The transverse line on the coin was probably produced by the grip of the pharyngeal constrictors which held its lower part. The liver-like stuff about it was doubtless altered blood. It seems doubtful whether poking with forceps would have succeeded so well as the simple emetics.—*Lancet*, Feb. 23, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—It will be perceived by the following announcement, that the annual meeting of our

national congress will not be held this year:—

"The undersigned Committee, appointed to make the necessary arrangements for the annual meeting of the Association in this city, in June next, after due consultation with prominent members in distant sections of the country, hereby give notice that said annual meeting will be *postponed* until the *first Tuesday in June*, 1862, on account of the present grievously-disturbed condition of the whole country.

N. S. Davis, E. Andrews,
J. Bloodgood, Thos. Bevan,
De Laskie Miller, H. W. Jones,
J. W. Freer,

Committee of Arrangements.

Chicago, April, 25, 1861."

—

Medical Society of Pennsylvania.—We understand that the annual meeting of this Society, which was to be held this year at Pittsburg, on the 12th June, has been postponed for one year.

Delegates elected to the meeting will please take notice of this, in order that they may be saved a useless journey.

—

National Quarantine and Sanitary Association.—The annual meeting of this Association, which was to have been held this year in Cincinnati on the 29th of May, has been postponed for one year.

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Medical Classes, Session 1860-61.

Med. Dep. University of Pennsylvania	465
Jefferson Med. College, Phila	443
Medical College of the State of South Carolina	222
University of Louisiana	401
New Orleans School of Medicine	236
College of Physicians and Surgeons, New York	264
University College, New York	420
University of Maryland	150
Massachusetts Medical College	205
Cincinnati College of Medicine and Surgery	127
St. Louis Medical College	140
Long Island College Hospital	58
University of Michigan	242
Lind University (Chicago)	51
National Medical College (Washington)	83
University of Nashville	399

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Naval Medical Board.—A Board of Medical Officers will convene at the United States Naval Hospital, New York, on the 1st of June, for the examination of candidates for admission to the Medical Corps of the United States Navy.

Gentlemen desiring permission to appear before the Board, must make application to the Honorable Secretary of the Navy, stating their residence, place and date of birth, accompanied with respectable testimonials of moral character.

Applicants must not be less than twenty-one, nor more than twenty-five years of age.

No expense is allowed by Government to candidates attending the sessions of the Board, as a successful examination is a legal prerequisite for appointment in the Navy.

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Medical College of Texas.—We learn that the legislature of Texas has recently granted a charter to an institution under this designation. The following constitute the faculty. Dr. Ashbel Smith, Prof. Surgery; Dr. N. N. Allen, Prof. Anatomy; Dr. G. A. Ferris, Prof. Pract. Med.; Dr. W. H. Gault, Prof. Obstetrics; Dr. W. S. Rodgers, Prof. Diseases of Women and Children; Dr. J. F. Matchett, Prof. Mat. Med.; Dr. W. P. Riddell, Prof. of Chemistry; Dr. T. E. Brooks, Prof. of Physiology and Pathology.

The first session will commence on the third Monday of next November and be continued for four months.

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Savannah Journal of Medicine.—Dr. Juriah Harris has retired from the editorial management of this Journal, and has been succeeded by Dr. Alfred B. Tucker, Prof. Chemistry in Savannah Med. Coll. The Journal is hereafter to be published monthly instead of bimonthly.

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Medical Association of Georgia.—At the annual meeting of this Association held at Atlanta, Georgia, on the 10th and 11th of April, 1861, the following preamble and resolutions reported by a committee were unanimously adopted:—

"That while this Association acknowledges no abatement of its zeal for the advancing intelligence and success of the profession—to whose interests it is devoted—and contemplates no abandonment of the high code of ethics and the conventional courtesies which have so long governed and

distinguished the ranks of regular medicine; yet, the circumstances by which we are now surrounded, not only authorize, but require the disruption of long existing ties as indispensable to the maintenance of harmonious action and the continued progress of the great principles to whose destiny we are pledged; therefore,

"1. *Resolved*, In the opinion of your committee, the great political revolution which has sundered the *National* ties that have bound us as a part of a Confederate Government of Independent States for three-fourths of a century and spread deep disaffection far and wide through the two sectional divisions of the late "Union," constitute ample and sufficient cause—such as will be sanctioned at the impartial bar of the scientific and professional world—for the prompt and entire disruption of the bonds by which we have been heretofore united to the American Medical Association, and we hereby recommend that they be forthwith *dissolved*.

"2. *Resolved*, That whatever may be our grievances as a people—and we hereby declare them to be deep, and in their results upon us abiding—we suffer them not to *control* us in this decision, but declare it to be the calm and deliberate action of those who are desirous to receive the highest moral and scientific results contemplated by this Association.

"3. *Resolved*, That we hold ourselves in readiness, as the organized representatives of the Medical Profession of the great State of Georgia, to unite with our sister States of the Confederate States of America, in the formation of a new professional organization for the *South*, upon the same broad and generous principles which we have been ever disposed to honour and maintain, and which shall still continue to meet our warm approval and hearty concurrence.

"4. *Resolved*, That in accordance with the foregoing preamble and resolutions, this Association will be no longer represented in the American Medical Association, and hereby declare *its complete and final separation from that body*.

"*Resolved*, That the secretary communicate the secession action of this body to the various State medical organizations within the limits of the Confederate States, and invite their attention thereto; and also to consider the propriety of organizing a Southern Medical Association."—*Atlanta Med. and Surg. Journal*, May, 1861.

FOREIGN INTELLIGENCE.

Treatment of Incontinence of Urine.—Dr. Cardinale, of Genoa, reports the case of a man, aged 69, who had suffered for some months from incontinence of urine, and who was cured by the administration of tincture of cantharides in doses of three drops in the day. The medicine was given in almond emulsion, and at the same time an animal diet with wine was prescribed. The cure was complete in twenty-five days.—*Gazetta delli Ospedali di Genova*, Jan. 1861.

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New Treatment of Prolapsus Ani.—M. Foucher recommends the subcutaneous injection of strychnia in the treatment of the prolapsus ani of infants. Ten drops of a watery solution of strychnia (gr. iij to ℥xj) are to be injected with Wood's syringe into the sphincter ani, and repeated after twenty-four hours. M. Foucher records the case of a girl aged 4 years, in whom this treatment proved entirely successful. Great improvement followed the first injection. The quantity of strychnia injected on each occasion was about one-twentieth of a grain.—*Gaz. Méd. de Paris*, Feb. 9, 1861.

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Iodide of Ammonium in the Treatment of Syphilis.—Dr. Galligo, of Florence, has lately published a memoir in which the iodide of ammonia is spoken of as much preferable to the iodides of potassium or of sodium. He thus confirms the experience of Gamberini. The employment of iodide of ammonia is indicated under the same circumstances as that of the other iodides; but its action is more prompt; it is more easily tolerated, and less apt to produce iodism; while at the same time the treatment with this salt is less expensive, as a smaller dose suffices. Such are a few of the many advantages which this remedy is said to possess. For others, the reader must refer to Dr. Galligo's memoir, which contains the history of thirty-eight cases in which the iodide of ammonium was employed.—*British Med. Journ.*, April 6, 1861, from *La Presse Méd. Belge*, *Jan.* 13, 1861.

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Tannin an Antidote of Strychnia.—Dr. Kursak concludes, from numerous experiments on dogs and rabbits, that the prompt

exhibition of tannin is the safest and most efficient remedy for poisoning by strychnia. The quantity of the antidote should be proportionate to the amount of the poison which has been taken, and even somewhat exceed the latter, inasmuch as the contents of the stomach are liable to absorb a portion of the neutralizing agent. For every grain of strychnia, about two drachms of gall-nuts, or more in case of vomiting, should be prescribed. Green tea also appears to possess a certain degree of efficacy, but only when the quantity of poison is very small. Oak-bark, acorns, etc., are convenient and active substitutes for pure tannin. But vegetable acids should be prohibited during the treatment, as they promote the dissolution of the precipitants thrown down under the influence of the tannic acid — the same exception applies equally to fermented liquids; and muscular efforts which induce convulsive action, in persons poisoned with strychnia, should likewise be carefully avoided.—*L'Union Médicale.*

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Statistics of Craniotomy.—The operation of craniotomy is said to be performed in Germany once in every 1944 labours; in Paris once in every 1628; in France at large once in every 1200; in Vienna once in every 688; in England once in every 340; in Ireland once in every 106 labours. —*British Med. Journ.*, March 30, 1861.

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Birth of Triplets.—Dr. Charles Armstrong, of Cork, relates the following curious case: "Margaret Riardon, aged 30, was walking smartly, when she was suddenly seized with 'slight stitches,' and in a few minutes, without lying down, gave birth to a fœtus, on the footpath, which she wrapped in her apron and repaired to an adjoining house, where, within an hour, she was delivered of two more, shortly after which she was driven home in a jolting car, a distance of two miles, along a hilly road, she all the while being in the upright position. Two of the children lived for nearly an hour, the third for twenty-one hours, they being at the seventh month of utero-gestation. The mother is a poor woman, who, twice a day, in all weathers, walks into Cork, carrying a heavy 'can' on her head, and distributing milk at a number of houses. She was paying her second daily visit when this unusual encroachment took place, since which she has been going on without a bad symptom. Truly did Sterne write, that 'God tempers the wind to the shorn lamb.'"—*Ibid.*

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Jacksonion Prize.—At a meeting of the Council of the Royal College of Surgeons of England, on the 9th instant, the Jacksonian Prize was awarded to Mr. Henry Thompson, of Wimpole Street, Cavendish square, a Fellow of the College, and one of the surgeons of the University College Hospital, for his essay on "The Healthy and Morbid Anatomy of the Prostate Gland." This is the second occasion on which Mr. Thompson has carried off the Jacksonian Prize.—*British Med. Journ.*, April 13, 1861.

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Curious Malformation.—M. Geoffroy Saint-Hilaire has presented to the Academy a photograph of a youth, 14 years of age, who has a peculiar malformation, which has been called "*péadelphe.*" His right leg is divided into two limbs, both terminated by feet, which, however, point in opposite directions.—*British Med. Journ.*, April 6, 1861.

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Venesection.—"The practical position of an author often decides the turn which he takes in forming a system. Pinel, the timid innovator of his day, was the physician of the *old* at the Salpêtrière, and he there established the rule of never resorting to blood-letting. Broussais, the bold innovator of our age, was the medical attendant of the *young* and vigorous soldier at Val-de-Grâce; and there he established his rule of always bleeding in disease." (*Flourens.*)

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Convalescent Hospital.—A Convalescent Institution in connection with the Ste. Eugénie Children's Hospital has recently been built, under the immediate patronage of the Empress, at Fublaine, in the department of Seine et Marne, about twenty miles from Paris. 250 little girls are already established within the walls of the "Asile," as it is termed. This is the third institution of the kind in the neighbourhood of the capital: of the other two, one (that for men) being at Vincennes, and the other (for females) at Vésinet, a village in the plain immediately below St. Germain en Laye.

arrondissement

Abortion occasioned by Lead Poisoning. Dr. Constantine Paul, in a work which appeared last year, drew attention to the frequent occurrence of abortion in females suffering from lead poisoning. M. Paul Dubois, in the enumeration of the ordinary causes of abortion, one day last week at the Clinique, included the influence of saturnine intoxication amongst the circumstances likely to provoke the premature expulsion of the ovum. The following figures have been published by Dr. Paul in a statistical investigation of the subject. Out of 141 pregnancies in females under the influence of lead, 82 abortions took place; in 4, premature confinements occurred; in 5, the children were stillborn; in 20, the children died in the course of the first year; in 8, during the second year; and in 7, in the third, &c. An array of figures not to be lightly passed over.

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Decrease in the Number of Medical Practitioners in France.—M. Roubaud, editor of the *France Médicale*, states that the population of his country is found, at each quinquennial census, to be increasing; whilst the number of medical men, from 1853 to 1861, has ever been on the decrease. This diminution does not, however, bear equally on the two classes of practitioners.—the doctors of medicine and the *officiers de santé;* the latter of whom hold an inferior position. In 1857, the number of medical men practising in France was 18,023; of whom 11,258 were doctors of medicine, and 6765 non-doctors. In 1861, the grand total is 17,520; amongst whom are 11,242 doctors, and 6278 non doctors. Thus there are, in 1861, 503 practitioners less than in 1857; the doctors having decreased by only 16, the others by 487. This latter result is, by M. Roubaud, attributed to the necessity for *officiers de santé* to repair now for examination either to the seat of a faculty or to a preparatory school, instead of presenting themselves to medical boards appointed by the minister, who were in the habit of making annual circuits.—*Lancet*, March 30, 1861.

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Illumination by Electricity.—A perfectly successful attempt has been made to illuminate the Courts of the Tuileries and the Place du Carrousel by the electric light. The generating apparatus is placed in a cellar, under Marshal Vaillant's apartments in the Tuileries, and the illuminating power is so great that the ordinary gas-jets seem absolutely lightless. The appearance of these localities every evening is that of an animated fair. The cost of the electric light is stated to be considerably less than that of gas.—*Ibid.*

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Weather and Public Health in Scotland, in 1860.—The Registrar-General for Scotland says: "The year 1860, was one remarkable for its meteorlogical phenomena, and just as remarkable for the deadly influence which these exerted on the inhabitants of the eight principal towns of Scotland. The general characteristics of the weather during the year were, low mean temperature, excessive humidity of the atmosphere, a quite unusual prevalence of easterly winds, and a consequent scantiness of westerly breezes, and, towards the close of the year, an intensity of cold greater than has been experienced in this country during the present century. These adverse agencies reacted on the public health in a most prejudicial manner, and were the main agencies which caused the deaths during the year so far to exceed those of former years. This is rendered very apparent by the fact, that the proportion of deaths from the whole class of epidemic and contagious diseases was considerably under that of previous years, while the mortality from inflammatory affections of the respiratory organs — diseases which are universally acknowledged to be mainly dependent on the weather—were very much above those of previous years. In Scotland, the observations of a few years have shown that weather, as exhibited more especially in the mean monthly temperature, has much more to do with the number of deaths than diseases of any class whatever. It is quite true that every individual must die of some disease, but the kind of disease, and its proportional fatality seems to be almost completely under the influence of the weather, or atmospheric agencies, of which mean temperature is the most important. This, as in former years, was clearly manifested during 1860. Thus, December, 1859, with its mean temperature of 34.9, killed 76 persons daily. But the effect of cold seems to go on rather increasing for a short time, for though the mean temperature of January, 1860, was one degree higher, or 35.9, it was not sufficient to arrest the effects of the low

temperature, so that during that month the daily deaths amounted to 82. February, however, proved as cold as December; its mean temperature was 34.9, and from acting on those already weakened by the previous cold, the daily deaths rose to 96. This was the greatest number of deaths which occurred during any month of the year; and from this month the daily number of deaths slowly decreased to 53 in September. One marked exception to this steady decrease was remarked, and it is worthy of notice, as it shows in a striking light the noxious influence which easterly winds exert. Thus, during March, when there were only three days on which winds blew having a more or less easterly point, the deaths numbered 83 daily. During April, however, though the mean temperature was three degrees warmer, such was the potency for evil of the easterly, which were the prevailing winds during the month, that instead of the number of daily deaths being below those of March, they were above it, for 84 persons died daily during April. This baneful influence of the easterly winds was strikingly exhibited in a few diseases and classes of disease. Thus, in hooping-cough, while only 82 deaths occurred in the eight towns during March, they rose to 104 during April. Diseases of the respiratory organs, which cut off 576 persons during March, proved fatal to 508 in April, though the month is a day shorter. 89 deaths from diseases of the heart, etc., occurred in March, but 115 in April. 206 deaths from diseases of the brain occurred in March, but 216 in April; and the deaths from old age, which numbered 132 in March, increased to 149 in April. These facts, then, clearly prove the superadded noxious and fatal effects of easterly winds, and it need scarcely be added that their fatal effects are increased in the exact ratio of the lowness of mean temperature which attends them; so that in a year or month when the mean temperature is lower than usual, their action is more deadly. The inflammatory affections of the respiratory organs, however, are the diseases which more strikingly evidence the influence of temperature on the mortality. Thus, during the coldest month, February, the deaths from these diseases amounted to 813, while in the temperate month of September they only proved fatal to 135 persons. The past season affords another proof of the statement made in last year's report, that in this country the mortality of the epidemic diseases (with the exception of the bowel complaints and measles) follows the same rule as that of all other causes, viz., increases with the cold and diminishes with the return to mild temperature. Thus, take the whole class of the zymotic diseases, their least mortality was in May, June, July, August, our warmest months, the daily deaths from these causes varying from 13 to 15 only. As the temperature fell, however, the deaths from the zymotic diseases increased, so that during September 16 2 deaths occurred daily. These increased to 20.3 in October, to 20.6 in November, to 20.7 in December, and to 21 in January. These facts, therefore, seem to justify and support the conclusion drawn in last year's report, that 'however fruitful emanations from decaying animal or vegetable matters, or from undrained or marshy districts and localities, may be in exciting bowel complaints, they do not directly give rise to the ordinary epidemics which prevail among us. These emanations seem rather to act by lowering the general tone of the system, and rendering it more liable to the attacks of whatever epidemics may be at the moment prevailing.'"

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Stereochromic Paint for Hospital Wards.—Mr. C. Bellmann, of Prague, gives the following paint for the walls of sick-wards, which is preferable on account of its being easily cleaned with wet cloth, and at the same time excluding dampness from without.

The rough plaster, instead of the fine finish of plaster of Paris, is covered over with a mixture of two parts of finely sifted sand and one of air-slacked lime, made into a stiff paste with a solution of the double silicate of soda and potassa, of 10° Beaumé. Instead of the latter two ingredients a hydraulic cement may be used in the proportion of one part of the cement to two of sand. When this is dry, the walls are white-washed and after an interval each of 24 hours twice wetted with a solution of the double silicate of 15° Beaumé. Marble dust, if to be had cheap, may be used in place of half of the lime. Certain pigments may be added to the water-glass coating, poisonous colours, however, being excluded. —*American Druggists' Circular*, May, 1861.

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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Reflected Pain in the Knee-Joint from Disease of the Hip-Joint.—Mr. Le Gros Clark has, at present, under his care, in St. Thomas's Hospital, a boy, aged 9, whose case illustrates, in a marked degree, the well-known fact that often in cases of disease of the hip-joint the pain is referred solely to the knee. In this case the whole of the pain is in the knee, and this is the more remarkable, as it is now nearly eighteen months since the disease commenced. The knee might be bent or examined in any way, and yet no pain was complained of, but the least motion of the hip-joint produced severe pain in the knee. Pressure over the hip, except deep pressure over the femoral vessels, and this Mr. Clark believed was from movement of the joint, produced no pain. In fact, at no time had the child suffered pain in the hip. There was no sinus, and no swelling. The distance between the trochanter and the spinous process was not so marked. This, Mr. Clark believed to be due to shortening of the neck of the femur. Of course no surgeon would be deceived by the boy's constant iteration that the pain was "all in his knee," but being a marked instance of reflected pain, it is worthy of record. The generally received explanation of its being due to pain reflected along the course of the obturator nerve, by means of the twig this nerve gives to the joint, is equally well known. It is produced probably just in the same way as the circumorbital pain in iritis or neuralgia of branches of the fifth, other than the dental, from a decayed tooth, there being in the case of the iritis often no pain in the eye, and in the neuralgia no pain in the tooth except on pressure.—*Med. Times and Gaz.*, May 18, 1861.

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Cases of Diseased Joints.—Mr. Le Gros Clark drew the attention of the students at St. Thomas's Hospital to several cases of diseased joints, with reference to the mode of attack. He had found that the patient

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would date the origin of the disease to a distinct attack of "rheumatism," in which nearly all the joints were affected. Then the attack would pass off, leaving, however, one joint still diseased, and that this would grow steadily worse until it became *par excellence* a diseased joint. One of the cases seen was a woman, aged 30, who was admitted for synovitis affecting the right knee. She said that, three or four months ago, on a Friday, she was suddenly attacked by very severe pain in both knees, so that she could not walk, and was quite laid up. The joints were swollen. On Sunday the right arm was swollen and painful up to the elbow. In a few days all the joints were well, except the left knee. This continued to get worse. When admitted, she had the usual symptoms of synovitis; and recently, the swelling having greatly subsided, she has had fixed pain over the posterior of the inner condyle, leading Mr. Clark to fear some local and more serious disease. Before the first attack alluded to, her health had been good, and she had not been exposed to cold. Another case, also a woman, aged 24, had a history nearly the same. She had been sleeping in a damp room, and then had what she calls "rheumatism," nearly all the joints of her body, fingers included, being swollen and painful. All the joints, with the exception of the right knee, soon got well, but this grew worse. She suffered much pain in it, and was much reduced in health. When admitted, it was clear that the disease had gone on to disorganization. Mr. Le Gros Clark therefore excised the joint. It is now eight weeks since the operation. She has done remarkably well, and has improved very much in general health. The wound is now quite healed. The *ci-devant* joint is sound, firm, and painless. It is encased in gutta-percha as security against accident. She walks up and down the ward with assistance.—*Med. Times and Gaz.*, May 18, 1861.

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Fistulous Opening in the Neck communicating with the Pharynx.—A woman, aged 30, was admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, January 8. Three months ago a very painful swelling appeared on the right side of the neck, which appears to have been diffused over the greater part of that side of the neck. About a week after admission there was fluctuation, and the swelling was opened. Another opening, about two inches above the clavicle (its outer third), was made on February 7, and matter evacuated. About a fortnight later she "began to vomit matter," and shortly after fluids passed through the wound when she drank. From April 30 very little if any passed, and she is fast improving in general health. The external opening is very small.—*Med. Times and Gaz.*, May 18, 1861.

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Excision of the Elbow-Joint — Clinical Remarks.—The patient, a woman, aged 25, had been under Mr. Fergusson's observation for eight years. As for some time the disease seemed of a character likely to get well, no operation was done. During the last winter she began to suffer so much from it that she was admitted into the hospital. The pain, however, in spite of the rest and good food in the hospital, increased; her health suffered; the elbow was much swollen; and it was evident that the joint was hopelessly disorganized.

As the patient had waited eight years, and as she would probably—if cure without operation was contemplated—have to wait many more, Mr. Fergusson determined to excise the joint. Another danger, he said, to which she would be exposed if left with the diseased joint, was that some surgeon might amputate the limb.

On Saturday, April 29, Mr. Fergusson excised the joint. He made the H incision. He cut off the olecranon and then removed the ends of the bones entering into the formation of the joint. The lower end of the humerus and the ulna he removed by the saw; the head of the radius by the bone-nippers.

On removal and examination of the parts it was clear, Mr. Fergusson said, that nothing but resection could have been of any use. The cartilages of the joint were extensively destroyed, and the lower end of the humerus was much diseased. For any one to talk of restoring a joint in which the disease had progressed so far, betokened, in his opinion, more of the promises of a charlatan than of the confidence of a surgeon. The promise of the charlatan, as, for instance, in curing extensive cancer of the breast, might result in something like the semblance of truth; as the mass might slough off. Again, if it were possible that the diseased joint should ever get well, it would be after a great lapse of time, and

would probably result in a very awkward limb.—*Med. Times and Gaz.*, May 18, 1861.

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Lithotomy in Children—Clinical Remarks. By Mr. FERGUSSON.—On May 4th, Mr. F. performed, at King's College Hospital, the lateral operation of lithotomy on a child three years of age. The child had had symptoms of stone for eighteen months. Mr. Fergusson stated that he had not succeeded in introducing a staff as large as would usually pass readily in children at that age. He said that he preferred to introduce as large a staff as possible, as it did not matter about its being readily movable, as in the case of the sound. The introduction of a small staff required more care and skill, in order to know where the point of the instrument passed. The point of a small staff might pass out of the urethra, and this, too, although its general direction appeared to be correct. This, he said, was not a mere theoretical objection, as he had known such an accident to happen in the hands of a very distinguished operator. Mr. Fergusson added, that if in the case in which he had just operated, he had not touched the stone by the staff, he would not have proceeded. In reference to lithotomy in children, he said, that it was a rule with him to take more time and care than with adults, as he felt certain that there was much more risk of getting wrong with lithotomy in children than in adults. In children the tissues were less firm and the resistance consequently not so great. The incision also was required to be on a smaller scale. He always endeavoured to make as small an opening into the membranous portion of the urethra as possible, and only just notch the prostate or even leave it altogether untouched. The next step, the introduction of the finger into the urethra was, however, the one in which the greatest mischief might be produced by want of care—mischief often irreparable. The membranous portion of the urethra and the neighbouring tissues were, in children, soft and easily torn, and the urethra might give way above as well as below the staff, and thus (separated all round) be pushed before the finger towards the bladder. The finger would then move about in a pouch thus formed, and the completion of the operation would be almost impossible. He had known, however, a surgeon retrieve himself after this error. On one occasion, in cutting a child for stone, he felt convinced that this accident had occurred. He at length succeeded, but after a long time, in getting his finger into the urethra. He then speedily extracted the stone. It was in this case that he first became aware of the danger to which he referred. He had not previously heard of it, and, as far as he knew, it was not mentioned in books. Mr. Fergusson then alluded to the other methods of performing lithotomy. He had cut forty children for stone by the lateral operation, and had lost only one. He felt convinced of the superiority of this operation.—*Med. Times and Gaz.*, May 18, 1861.

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Ligature of the Internal Iliac Artery.—The operation of ligature of the internal iliac artery was performed last week, at the Edinburgh Royal Infirmary, by Mr. Syme, in a case of aneurism of the gluteal artery. The patient is a young man, otherwise healthy. The aneurism had arisen spontaneously, was of at least some months' standing, was of moderate size, pulsated freely, and appeared to spring from the gluteal artery at its escape from the pelvis.

Mr. Syme performed the operation on the 29th ult., the large theatre of the hospital being crowded with students and practitioners attracted by the rarity of the operation. It was performed by the ordinary incisions, and successfully accomplished with the operator's usual dexterity and caution. Mr. Syme stated that the operation was attended with considerable difficulty, owing to the depth of the artery in the wound rendering it impossible to bring the vessel fairly into view, and that it would have been scarcely possible to expose the artery had it lain within a dense sheath; but that it and its neighbours could be readily felt with the finger, and the looseness of the sheath offered no obstruction to the passage of the needle. The pulsation in the aneurism was immediately arrested, and the tumour reduced to a third of its former size. The case has since gone on remarkably well.—*Lancet*, June 8, 1861.

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Acute Glaucoma of both Eyes successfully treated by Iridectomy.—Mrs. P., aged 46, was admitted into the Royal London Ophthalmic Hospital, under the care of Mr. DIXON, Dec. 27th, 1860. She was a thin, moderately florid woman, not subject to

gout or rheumatism. Twelve days before admission, she had severe pain in the right eye, which came on suddenly at night. Next morning, she found that she could scarcely see with it; and the pain, still severe, had continued up to the time when Mr. Dixon saw her. Blisters and various applications had been used, but without any benefit. When admitted, she could, with the affected eye, only just distinguish light from darkness, and could not count fingers held up between the eye and the light. The sclerotic was dusky, leaden-coloured, and crossed by enlarged veins. The pupil was dilated moderately, and fixed. The fundus, as seen through the pupil, looked dull and yellow. The cornea had lost its brilliancy. Atropine did not produce any effect on the size of the pupil; whilst in the other eye the pupil readily dilated under its use. The ophthalmoscope was used; but a mere red reflex from the fundus was seen. The woman would not submit to the operation of iridectomy, which was at once proposed, until the 31st, the fourteenth day from the attack, when iridectomy was performed. The piece of iris removed was from the upper part. No chloroform was given. The pain was at once relieved.

Four days after the operation, she had had no return of pain, and could read No. 10 of Jäger test-types. There was a minute fistula in the cornea, to which Mr. Dixon applied nitrate of silver. She gradually improved, and was soon able to read small type.

On January 25th, the left eye became suddenly very painful. The pain was in the globe; it was very intense, and was accompanied by vomiting. She was not seen by Mr. Dixon until the 28th. He then found that the eye was in exactly the same state as the right had been. She could only just count fingers. The pupil was dilated and fixed; and the fundus could not be illuminated by the ophthalmoscope. Iridectomy was at once performed, and with the same amount of success as attended the operation on the other eye. She can now see well with both eyes, and can read pearl type without the aid of glasses.

Mr. Dixon remarked that, in this case, the disease had been of the exact form to the relief of which iridectomy is best suited; viz., *acute* glaucoma. In the chronic cases, as far as he had seen, little or no benefit followed the operation, but rather an increase of the irritation. It is interesting to note that the attack in the left eye occurred whilst the right was going on satisfactorily. The ophthalmoscope had not been used to examine the sound eye, and therefore no blame was traceable to it, as having re-excited the disease in it. The occurrence of glaucoma in the second eye a few weeks after it has attacked the first is quite in accordance with what is frequently observed; and hence, as both eyes generally suffer, the value of iridectomy is much increased. —*British Med. Journ.*, March 16, 1861.

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Cystic Tumours of the Breast.—The frequent recurrence of these tumours, after ablation, is a fact well known in surgery. As a fresh example, we may note a case lately mentioned at the Surgical Society of Paris, by M. Richard. The patient is seventy-seven years old, and was operated on ten years ago, by M. Velpeau, for a cystic tumour of the breast. Since that period, M. Richard has performed the same operation upon her eleven times, removing three, four, and even ten tumours at one sitting. The recurrences being, however, so regular, he has given up interfering.—*Lancet*, June 8.

CLINICAL LECTURES.

Clinical Lecture on Diseases of the Joints. Delivered at St. Thomas's Hospital. By Samuel Solly, Esq., Surgeon to the Hospital.

Gentlemen: In my last clinical lecture I detailed to you a case of acute disease of the knee-joint, in which I was obliged to mutilate the man to save his life.

Such cases used to be more common than they are at present. The advance of surgical science has nipped them in the bud, and we usually now receive them into our hospitals in a more chronic form. I should, perhaps, have hardly thought the case worthy of clinical remark had I not heard that a provincial celebrity had positively denied the necessity for any operative interference. I thought, then, that if a man of practical experience forbids the operation, it must be just such an illustrative case as would be of use to you. Let me, then, remind you, that it was the severity of the constitutional irritation, and the agony the patient suffered from the slightest motion of the joint,

which in me decided the momentous question of amputation or no amputation.

To-day I shall speak of nine cases of diseased knee-joint in which I believe I have succeeded in saving both limb and life without any operation, and one case where the same ultimate result has been obtained by the excision of the joint.

Some of these cases were sent to me from the country as good cases for incision, which of course implies, or ought to imply, that there was no prospect of curing them without an operation; one came from a metropolitan dispensary, as a forlorn hope. The poor boy was almost *in extremis*.

There is one point which must, of course, strike you in listening to these details—viz., the length of time that some of them have been in the hospital. The power of retaining our patients in the hospital until a cure is effected is a privilege which can only be enjoyed in the old, well-endowed hospitals. And, for the sake of humanity, what a blessed privilege it is!

It is true that chloroform has robbed operations of all their pain during the performance, but it cannot remove the after pain, and it cannot remove the danger which is and must be attached to them, even when the most skilful hands manipulate.

I cannot deny that the length of time which is required to accomplish a perfect, usable anchylosis of the knee-joint in the adult (from one to two years) is an objection to the plan which I am now advocating. It is true that in a favourable case for excision the cure is frequently complete in one-third of that time. It is also true that the cases which do best, and get well most rapidly, are those where there is very little disease, and where the operation ought never to have been performed. When I speak of from one to two years being required to perfect an anchylosis, I refer to patients above the age of eighteen or twenty.

In different forms of disease there is also a great difference in the length of time. In scrofulous caries of bones entering into the composition of a joint, the cure is always very slow and very difficult. This observation applies almost equally to cases of excision. There is another point in favour of excision. If the operation succeeds—that is, if your patient neither dies from the effect of the operation, which I must allow is very rarely the case, or the limb is not obliged to be removed ultimately, an event not so uncommon as we could wish, then the anchylosis is more certain than that which is obtained by medical as distinguished from operative surgery. I must confess that I have been disappointed in some of my cases of natural as distinguished from artificial anchylosis, by their return to the hospital after I had hoped a complete cure had been effected. This observation applies to the boy whose joint I ultimately excised, and also to Oliver R———. In the latter instance about a month's rest and a little counter-irritation have apparently completed our triumph over the disease.

I wish to put the subject fairly before you, and not to make you attach too much value to the medico-surgical treatment as opposed to the operative; nor must I forget that the longer we practise our profession the less we are inclined to operate, unless the indications for the necessity are very apparent, till at last there is too much disposition to avoid all operations. Though I know that I have not arrived at that stage of my surgical existence, still I must take care the tendency does not tincture my instructions.

I must not detain you any longer from the consideration of the cases, the notes of which I will, however, curtail as much as possible.

Case 1. John D———, aged twenty-four, labourer, was admitted into Abraham's ward June 11th, 1860, with disease of the right knee. He states that this knee has always been larger than the left, and when about twelve years old he injured it by a fall; but it got quite well in a few days. He attributes the origin of the present disease to a cart-wheel running over his knee seven years ago, since which it has never been well, though he has been able to walk at intervals. He has now been laid up for more than five months, and has been under the care of an old dresser of mine at the Stamford Infirmary, who had applied blisters and issues; but as it did not appear to get much better, he sent the man up to St. Thomas's as a fit case for excision.

The joint was considerably enlarged, with some tenderness on pressure on the surface, and great pain when it was moved, or when the articular surfaces were pressed together. The pain at night was so great

as to prevent him from sleeping. He was rather pale and weakly-looking, but had little febrile disturbance, and his appetite was good.

This was certainly a very favourable case for excision; for although the joint was completely disorganized, the disease was not scrofulous. And these are the cases which usually progress so favourably after an operation; but you have heard my reasons for avoiding an operation unless necessary to save life.

On admission, the limb was placed on a Liston splint, and a poultice applied to the knee.

June 13. Moxa to the inner side of the joint, that being the most painful part. Iodine mixture twice a day.

16*th*. Ordered cod-liver oil, one drachm; tincture of sesquichloride of iron, twenty minims: three times a day. Twenty-five minims of tincture of opium every night. Moxa to the outer side of the joint.

22*d*. Much less pain in the joint, and he sleeps much better. The knee appears to be slightly diminished in size.

30*th*. The joint appears to be rather more swollen, but he does not complain of increased pain.

July 5. No alteration in the size of the knee, but rather less pain. Moxa applied just below the patella.

12*th*. The joint is rather smaller and more of its natural shape. There is now very little pain, but still some tenderness on pressure on the inner side. To leave off the opium, as he now sleeps well at night.

Aug. 2. The joint is assuming a more natural shape, and there is no pain except on pressure. He sleeps well without opium, and his general health and appearance have much improved. Moxa ordered on the inner side.

29*th*. Still some tenderness on the inner and lower part of the knee; otherwise much better. He sleeps well, and his appetite is good.

Sept. 3. Moxa ordered.

December. Since the last notes, his general health has been very good; the joint is free from pain, and has gradually been returning towards a normal shape, and anchylosis is slowly proceeding. The limb has been kept in a state of perfect rest throughout.

Anchylosis seems to be almost, if not quite, perfect; but great care will be necessary for some time. In a few days I shall remove the splints, and allow him to move the limb a little in bed. If this amount of exercise do not induce any pain or fresh inflammation in the joint, I shall next apply a gutta-percha splint, and allow him to get up and walk a little with crutches; but I do not expect that he will be able to leave the hospital with safety for the next six weeks.

Case 2. Henry H———, aged eleven years, was admitted on the 29th of June, 1860. He has been ill ten weeks with swelling and severe pain of the left knee, which came on after kneeling on the damp ground, bird-catching with his father. He was quite well previously. He is now in a state of complete exhaustion, with an emaciated countenance, expressive of great suffering, and cannot bear the slightest movement of the leg without screaming from pain. An abscess has been opened in the neighbourhood of the knee-joint, and is discharging pus freely, and there is a large slough over the sacrum. Ordered, cod-liver oil, one drachm; tincture of sesquichloride of iron, ten minims; to be taken twice a day.

When I first saw this poor boy, I believed that immediate amputation would produce a fatal result. I had, therefore, but one course to pursue—namely, to strengthen his vital powers, either to enable him to bear the operation if I could not improve the condition of the joint, or, what I hardly dared hope for, to do without the knife altogether.

The leg was placed on a Liston splint, and a linseed-meal poultice applied. A water-cushion was ordered for the back. To have a mixed diet; wine, four ounces; porter, one pint.

July 4 (five days after admission). Appetite and general health greatly improved; less pain in the knee.

11*th*. The knee is better, but an abscess of considerable size has formed on the outside of the thigh. This was opened a little below the trochanter major. A splint, with a spinal support, was ordered.

21*st*. Health has greatly improved, and his appearance is much altered for the better since admission. The slough on the sacrum has nearly healed; also the abscess on the hip, and the knee is less swollen, and much less painful.

August. He can lift the leg from the splint without pain, and firm anchylosis is taking place; his health is comparatively good.

September. The knee appears quite solid. No fresh symptoms.

October. The splint was left off.

November. The knee remaining free from pain, he was allowed to get up a little; but in a few days it became swollen just below the patella, unaccompanied by pain. He was ordered to keep his bed. The potassa fusa was applied over the inflamed part, and the limb replaced on a Liston splint.

December 31. Under the above treatment the swelling has subsided. The leg is still kept on the splint. The boy's health is good.

Now, as regards the cause and progress of this disease, you must have been struck with its great similarity to that of the poor fellow whose leg I was obliged to amputate. Why the difference in the results? The different ages of the two patients is quite sufficient answer without any reference to the treatment.

The next case is a very simple one, but is likewise instructive:—

Case 3. Henry N———, aged eight years, was admitted Feb. 14th, 1860, with disorganization of the knee-joint, the disease having existed a year and a half. There was not only a painful and swollen condition of the joint, but considerable contraction. The active disease was gradually subdued by rest, with moxas and appropriate tonics, including cod-liver oil. The limb was then gradually straightened by means of a Liston splint, with an Archimedean screw at the knee, and a leather pad over the joint, with straps above and below. The limb is now quite straight, and anchylosis is going on favourably; but there is still slight tenderness on the outer side of the patella, which it is expected will soon be removed, when he will be able to leave off the splint.

This case is deficient in previous history; but the appearance of the joint told its own tale. There had been active disease at work; but the conservative action of nature was prevailing. Anchylosis was nearly complete; but the anchylosis had not been properly directed by the science of surgery. Instead of the limb being nearly straight, it was bent at such an angle as to be useless as an organ of support and progression.

In such cases I always endeavour to get a straight limb by gradual extension, in preference to forcible extension under the influence of chloroform; and, in this instance, I have succeeded.

Case 4. Ellen B———, a strumous, delicate child, six years of age, was admitted into St. Thomas's Hospital, July 10th, 1860, with old-standing disease of the knee-joint. Her right leg was flexed at an acute angle, the foot being turned outwards, and the joint was marked with scars of old abscesses. Cod-liver oil was given twice a day, with full diet, and the limb was put upon a Liston splint. The splint was continued till the 2d instant, when irons and straps were substituted. During the time she has been in the hospital, one or two abscesses have appeared in the joint, but have healed again. The limb is now quite straight, and though the joint is enlarged, there is no sign of the presence of disease in it. She is able to walk about the ward.

In this case the disease had completely subsided, which was not the case in the last; but the deformity was so great that I determined to extend it forcibly.

Case 5. Ann P———, aged six years, was admitted May 14th, 1860, after two years previous disease of the knee-joint. She was sent to me by an old dresser as a fit case for excision of the joint. The patient was a strumous child, but now in good health. There was much swelling and pain in the joint, and the leg was flexed at an acute angle. There was no opening into the joint.

May 16. Ordered, cod-liver oil, one drachm; tincture of muriate of iron, ten minims: twice a day.

On *May* 24, I made forcible extension under chloroform. After the operation there was much increase of the pain, and the child suffered from feverish symptoms. Opium with liquor of acetate of ammonia was given for a day or two after the operation.

31*st.* The swelling of the joint has much subsided, and the feverish symptoms have nearly disappeared. The splint was continued till the end of November, when anchylosis was nearly complete.

Case 6. Caroline W———, a strumous girl, aged seventeen, was admitted into the hospital March 20th, 1860. At the early part of the year she had been attacked with

synovitis and ulceration of the cartilages of the left knee-joint. Some time before, she had been in the hospital, suffering from disease of the same joint. The right limb is shortened and contracted, and has been diseased for fourteen years. Cod-liver oil and tincture of muriate of iron were ordered, and the limb placed upon a Liston splint. As there were considerable swelling and tenderness in the joint, six leeches were applied, and a linseed-meal poultice. Gradual improvement took place. During the spring and summer, potassa fusa was occasionally applied, and the poultice continued. In the autumn, irons and a boot were used, and the limb was kept extended, and by October anchylosis was tolerably complete.

Dec. 13. She was discharged from the hospital, able to walk about the ward, the joint being perfectly stiff and devoid of pain.

Case 7. James W———, labourer, aged thirty-five, admitted Aug. 23d, 1859. Whilst at work about four months ago, loading a cart with thorn bushes, he was struck on the knee by a bough, a thorn upon which penetrated the joint immediately above the patella. The thorn was extracted, and considerable inflammation followed; this ran on to suppuration, and two incisions were made to let out the pus, but whether the pus lay internal or external to the joint cannot be clearly ascertained. When admitted, the joint was red and hot; the cellular tissue covering it was very hard and brawny, and swollen to such an extent as to obliterate all the depressions and protuberances, and give it somewhat of an oval shape. There was a continual, acute, gnawing pain, very much increased by motion. The extent of this latter is very limited. There is frequently convulsive starting of the joint at night. It was put on a Liston splint, slightly bent, and a poultice applied. Iodine mixture, twice a day, was given.

Sept. 29. A small piece of dead bone was extracted to-day. The pain is not so severe, and only occurs at intervals; there is also a greater extent of motion. I ordered a moxa to be applied.

Nov. 15. Good deal of induration about the joint; not so much pain; health very good.

16*th*. Opening over joint discharging still; joint rather painful.

May 21. Original wound still discharging. A little anchylosis has taken place; joint hard all round, and not painful unless moved.

August. Wound healed; going on well. Moxas occasionally used. He is the very picture of health.

November. Some small amount of inflammation still remains; anchylosis nearly complete.

December. Liston splint removed, and gutta percha substituted. The man attempted to get up, but found that his leg was made worse by being out of bed, and therefore he has remained there since. The inflammation has not yet entirely gone. General health continues perfectly good.

I have little doubt that another month's rest will complete the cure, and that in about six weeks' time he will be able to return into the country.

Case 8. Oliver R———, aged twenty-six, was admitted Sept. 28th, 1860. He has had disease of the knee-joint for fifteen months, and has previously been in the hospital under my care. He left with the joint anchylosed; but, on moving the limb, slight pain and tenderness about the joint returned, for which he was readmitted on the above date. A Liston splint was applied, with poultice and moxas, and in about a month the symptoms had entirely subsided. Early in December a gutta-percha splint was moulded to the back of the joint, and he was allowed to walk about with this support, which he was able to do without any pain or inconvenience; and before Christmas he was discharged with a firmly anchylosed and very useful limb.

I will conclude this lecture with some brief notes of a case of excision of the knee-joint, which has been slowly advancing to a perfect cure.

Case 9. John C——— was admitted into the hospital on the 5th of May, 1860. During the previous winter he had been in the hospital with great tenderness, pain, and swelling in the knee-joint, which gradually subsided under the application of moxas, conjoined with perfect rest, nourishing diet, and cod-liver oil. On his admission it was found that the disease had returned in an increased degree, with loss of appetite, cough, pain in the chest, emaciation, and night-sweats. With nour-

ishing diet and tonics his general health improved, and the joint was excised on the 19th of May. The cartilages were found extensively diseased, with slight secondary disease of the bone. The extremities of the condyles of the femur, and the head of the tibia were removed, but not the patella. The limb was straightened on a splint, and sutures applied.

It was delightful to see this poor boy's countenance on the morning after the operation. He said he was quite free from pain, which the poor child had not been for months. Since this the boy's general health has gradually and steadily improved, but the anchylosis has been very slow; now, however, it is firm, and the wound nearly healed.

In my next clinical lecture I shall have some interesting cases of disease of the ankle and foot to talk about.—*Lancet*, Jan. 19, 1861.

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Lecture on Sympathetic Inflammation of the Eyeball and its Treatment by Operation. —By Haynes Walton, Esq., Surgeon to the Central London Ophthalmic Hospital, &c.

Gentlemen: A very grave result of wounds and injuries to the eye, is sympathetic implication, which has of late received much attention.

The subject was first practically recognized by Mr. Barton of Manchester, whose practice was brought before the profession by Mr. Crompton, in the *London Medical Gazette*, vol. xxi. p. 175. The sympathy must be produced by injury from extraneous bodies in the eye. In seven cases, a portion of copper had settled in the anterior chamber. Inflammation and disorganization of the eyeballs were soon followed by failure of the functions of the other eyes, together with structural changes. Mr. Barton excised the cornea, and applied a poultice, in the hope that the copper cap would escape; this did happen, and besides produced great relief; but it had a greater and more valuable effect, it saved the destruction of the other eyes, although some of them seemed past all hope.

The evidence of this sympathetic action should be well understood, or disease may be attributed to sympathy, which is nothing but the same local manifestation of constitutional taint, that appeared in the other eye, and secondary only in order of time. I have known many mistakes to be made in this way to the great disadvantage of the patients. In traumatic cases the diagnosis is mostly simple. The injured eye manifests symptoms of irritation or disturbance, and there is the sign of acute or of chronic inflammation. This development of morbid action may be slight or very apparent, but is always to be discovered; and pain or soreness under touch is always present.

The sympathetic attack usually shows itself early, within a few weeks; but it may appear at any time, so long as the irritation produced by traumatic disease lingers. Mr. Wall of Paddington called me to a patient whose eye was fast failing, without any very apparent cause, the symptoms being impaired vision and spectra. The other eye had been wounded two years previously with a packing needle, the cornea torn across, and sight destroyed. Paroxysms of pain and tenderness in it under touch convinced me that it was producing sympathetic disease. I was correct, and my treatment saved its fellow; it completely restored its functions.

There may be variation in the subjective and objective symptoms of the sympathetic attack. Then there may be no pain, or it may exist with great severity. Intolerance to light is the first common result. Some form or other of impaired sight is the worst bad omen. Loss of local adjustment, incapability of sustaining vision on minute objects, loss of definitions generally called feeble sight, abundance of muscæ, spectra, flashes, stars, coruscations, inflammatory action, loss of pupillary movements, change of iris-colour, softening of the eyeball, and shrinking, are the later manifestations. It would seem, then, that the morbid action travels from the retina forwards; and ultimately the whole of the ocular tissues become involved, atrophy being the termination.

A small lacerated wound of the eye, especially of the anterior part, and which, to all appearance, has involved only the cornea, the iris, and the crystalline lens, may, equally with very great lesion, induce sympathetic disturbance. It is difficult to understand how the smallest quantity of pus, a drop or two just behind the cornea, or a slight change of texture of some of the tissues of the eye, can exert so baneful an effect.

Blows without wounds or breach of sur-

face, burns, and chemical injuries, are capable of producing that kind of action that may excite sympathetic ophthalmitis; and this shows that no importance is to be attributed either to the peculiarity of any kind of wound, or to the tissue which is implicated; and all we can say is, that a variety of existing causes produce morbid changes to which the sympathetic disease is due. I illustrate this by a case published in a paper in the *Medical Times* for October 28th, 1854, by my colleague Mr. R. Taylor, who contributed another communication on the same subject on the 4th of November. A contribution of my own will be found under the date of February 18th of the same year.

A man received a blow on the right eye from a piece of iron, but there was no wound of any kind. The sight was not injured at the moment, but began to fail soon after the accident, and was extinct in a year. About six years after the accident, the eye became inflamed and excessively painful. The pain continued for ten months, totally incapacitating him from work; and so severe, that for several months he scarcely had an hour of uninterrupted sleep. The other eye was excessively intolerant of light. He could not read large print, nor could he fix it on any object for more than a second or two. He was operated on, with complete relief from pain; and the sight of the other eye was restored perfectly in about two months. Mr. Taylor saw him five years after the operation, and the sight continued perfect. The remains of the right eye formed an excellent stump for an artificial eye, but he did not care to have one.

Inflammatory affections producing disorganization of the eye may develop sympathetic disease. I have seen more examples of this induced from staphyloma of the sclerotica, the result of purulent ophthalmia in infancy, than any other cause. I subjoin a case that I noted down in 1857.

An ophthalmic hospital patient, aged 20, had purulent ophthalmia in infancy, and lost one eye. Staphyloma formed, and the growth had been gradually increasing from childhood. About puberty, it was painful, and for the first time the sight of the second eye got a little dim. Soon after this, a blow on the staphyloma produced a sharp attack of inflammation in it, attended with much pain. The dimness of the other eye increased, and redness appeared. From this period there had been a gradual deterioration of vision, with occasional paroxysms of pain and inflammation. When I saw him, there was a very large staphyloma of the sclerotica, and no trace of the cornea, but in place of it a small cicatrix, round which the staphyloma was very vascular, the vessels being disposed in remarkably regular radii. The eyelids could not close over the tumour. There was a purulent discharge. The condition of the failing eye was this. The cornea was rather reduced. The sclerotica was discoloured, and full of varicose vessels; the iris dull and shrunken; and the pupil adherent in several places. There was intolerance to light, and vision was very imperfect, although he could read.

There are not recorded many careful examinations of the morbid materials found in eyes that have set up sympathetic ophthalmitis. I therefore introduce this, which came under my notice in the hospital practice of my colleague Mr. R. Taylor. The details are in the *Transactions* of the Pathological Society of London, vol. vi. p. 302.

The patient was a woman, 70 years of age, whose eye was destroyed by intense inflammation of the anterior chamber, which was completely filled with a solid cake of lymph. The lens was hazy, and its fibres presented the usual appearance seen in cataract at a not very advanced stage. Immediately under the capsule, both anterior and posterior, and imbedded in the superficial lens substance, there was found a layer of peculiar bodies, varying much in form and shape. The predominant form was spheroidal, but many were of the most eccentric shapes. Under the polarizer, several of the larger presented a distinct cross; in the smaller bodies, the cross was faintly marked, or absent. Tested with tincture of iodine, they assumed a deep blue colour, gradually increasing in intensity till they became opaque. In making the examination, every precaution was taken to prevent fallacy.

Cretaceous degeneration of the crystalline lens, and of its capsule, is no uncommon source of the sympathy; and in the numbers of the *Medical Times* above quoted are many examples from my practice. Osseous degeneration of these parts always produces the same effects. With such complete disorganization of one portion of the eye, the rest of the interior is always spoiled, and vision lost. The altered lens and its cover-

ing are generally adherent to the iris. I have traced disturbance to have commenced from its becoming loose. At the end of the lecture I shall further notice these and allied changes of other tissues, any of which may, I suspect, set up irritation.

No general treatment, no local application, no dietary system, is of avail in checking unequivocal sympathetic ophthalmitis. Nothing of the kind can be depended on; and, while I thus speak from my own observation, I indorse the statement of all trustworthy observers. The affection can be stopped or subdued only by surgical treatment. A portion of the eyeball must be removed, whereby the products which have been generated and have set up the irritation, or the cretaceous or ossified tissue which has acted as a foreign body, may be got rid of; or extirpation resorted to. When practised early, it works wonders. If adopted before the sympathetic action has induced palpable structural changes, it will be all effectual. At later stages, it may arrest progress, and stay the destruction. Even when the pupil has become adherent to the capsule of the lens, and the iris dull, I have seen the check. I have taken notes of so many of these cases, that I have ceased to record them.

I proved many years ago (and I think that I revived Mr. Barton's practice, which, so far as I can learn, had never been generally carried out in London by any one) that removing a portion of the eyeball will generally suffice, as it is frequently in the anterior of the eye that the centre of the morbid action is seated. The intensity of it is more common near the point of injury, and this is mostly in the front of the organ. I have over and over found the vitreous humour healthy; this portion of the eye, therefore, not being spoiled. With the reduction of the eyeball only, the deformity is very much less, and the case is better fitted for an artificial eye; and, in the early years of life, the destined growth of the orbit is less interfered with. When the entire eyeball is disorganized, the posterior as well as the anterior, especially when there is staphyloma scleroticæ, or general enlargement, extirpation is the course to be adopted.

I perform the lesser operation, that of reducing the eye—"abscission"—in this way. The eyelids being retracted, I transfix the cornea, or the staphyloma cornea, as it may be, with a cataract needle, or the curette; and cut it off close to the sclerotica with a small scalpel, gently and rapidly. When I think it requisite, I make the amputation a little behind the cornea; and then the iris, or whatever remains of it, is excised. Should the lens be present, whether opaque or not, I remove it. If I find the vitreous humour healthy, I try to prevent its escape by gentle manipulation and rapid closure of the eyelids; and sometimes none of it is lost. What should follow is very important. There is no more necessary step in the whole proceeding, and without it there may be copious bleeding and suppuration in the stump. I place a roll of cotton wool, or what is next best, a pledget of lint, quickly on the closed eyelid; maintain it with a bandage, and keep it there for two or three days; and afterwards apply straps of plaster. Healing is effected by the cicatrizing of the cut surface, and its rapidity depends on the healthiness of the vitreous humour. It is not unusual to find the parts sealed up in a week.

The more the eye is diseased, the quicker and the more copious is the bleeding. It is this tendency to hemorrhage that has induced some surgeons to speak disparagingly of the procedure; but if it be adapted to the proper cases, I am sure that patients will be the gainers, greater benefits will be conferred—the object and end of all surgery. When the bleeding is from the vessels in front of the eye that have been cut through in the operation, it can easily be restrained, and is never of any consequence. When it is internal, it may for the most part be stopped by the compress. I have long been convinced that the source of this internal or intraocular hemorrhage is not the central artery of the retina, as generally supposed, but the choroid; and my opinion has been publicly stated for years. More extended observation has strengthened my views. There is always a previous escape of the unhealthy vitreous humour, and the removal of pressure or support from the diseased choroidal vessels causes rupture of them. I have seen the whole of the vitreous humour thrust out by clots, the retina hanging in shreds in the wound.

Perhaps in some cases, by the removal of the front of the eye, so much support is taken from the diseased choroid, that the bleeding forces out the vitreous humour.

Much internal hemorrhage ends in total collapse of the eye, and necessarily the process of recovery is retarded.

"Extirpation" of the eyeball within the ocular sheath is what would be called a more brilliant proceeding than "abscission;" and there can be no doubt that, although the operation, so far as the practical surgery is concerned, is more prolonged and severe, the recovery may be more rapid, and the general effect perhaps less. Yet I am quite sure that, if the patient's ultimate welfare be considered, its adoption should be the rare exception. Even a button of collapsed tissues is far better than not any, and a slightly reduced eyeball is vastly superior to an empty orbit; and I think it better that these should be secured, if it be even at the expense of longer time. But will the "abscission" confer advantages equally lasting with "extirpation?" is a question likely to arise in the mind of the practical man. Answering from my own experience, I say, Yes. In no case in which I have selected it as the proper operation have I been disappointed. Were I to write pages, I could not express more. I will just mention here, in connection with hemorrhage, that I have seen smart bleeding from the ophthalmic artery after "extirpation," requiring firm compress to stop it.

"Sympathetic ophthalmitis" might be spread out to a great length, and extensive details given; but I think that I have said enough to guide the student, and to develop inquiry. There are yet many points about which I am seeking information, among which I am searching after the conditions that the ophthalmoscope may reveal to us in the early stages of it.—*British Med. Journ.*, Oct. 20th, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Surgeon General U. S. Army.—Dr. Clermont A. Finley has been appointed Surgeon General of the U. S. Army in place of the late Dr. Lawson.

—

Medical Service United States Army.—The Board of Medical Examiners of the Army, lately in session in the city of New York, reported the following appointments, which have been approved by the War Department: Wm. A. Hammond, Pa.; J. P. Wright, Pa.; H. M. Sprague, Conn.; Chas. C. Gray, N. Y.; Wm. C. Spencer, N. Y.; F. L. Town, N. H.; Alex. Ingram, Ohio; Peter V. Schenck, N. J.; J. W. S. Gouley, La.; Dallas Bache, D. C.; B. E. Fryer, Pa.; John H. Frantz, Pa.; Webster Lindsly, D. C.; C. E. Goddard, N. Y.; H. R. Silliman, Pa.; P. C. Davis, Va.; Jos. S. Smith, Va.; C. J. Wilson, D. C.; Jas. F. Weeds, Ohio; Chas. B. White, N. Y.; G. M. Sternberg, N. Y.

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Pennsylvania Hospital.—The annual report of this Institution shows that there remained in the hospital at last report 160 patients, and that there were admitted during the year, 1842, of whom 1303 were recent accidents and other surgical cases, and 699 were medical cases, making a total under treatment during the year of 2002. Of these 697 were pay and 1305 poor patients.

We would call attention to the following extract from the report:—

"Mainly dependent for support on the income derived from investments of the legacies and bequests, which from time to time have been received from various benevolent individuals, it has been the aim of the managers to extend to the utmost the benefits of the institution, and though we occasionally receive evidence that the Pennsylvania Hospital still holds a place in the minds of our fellow-citizens, yet the increase of its capital has not been in proportion to the multiplied calls upon it for aid, following upon the increase of the population of our city, and we regret that, though doing to the extent of our means, we cannot, without exceeding our income, admit all applicants to the benefits of the Hospital.

"At the present time, when our country is threatened with the terrible scourge, war, it behooves us to endeavour to be prepared by every means in our power, to relieve those who may be sufferers from the inseparable ills which must follow in its train, and that not one applicant should be allowed to leave our gate while there is room to accommodate, because the funds adequate to relieve are wanted.

"A sum of five hundred dollars has been placed in the hands of one of the managers, to assist in the relief and support in our institution of such cases, should the necessity be upon us."

Children's Hospital of Philadelphia.—The number of cases admitted into the house during 1860, as shown in the annual report, was 120, making with 13 remaining at date of previous report a total of 133 cases treated during the year. The number of out-patients was 1418. The managers have obtained subscriptions to the amount of 4350 dollars towards a fund for the purchase of a lot and for erecting a suitable building, and the necessity of early securing the balance needed for that purpose is strongly urged in the report.

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Massachusetts General Hospital—It appears from the annual report for 1860, that the whole number of patients admitted during the year was 1240, of whom 997 were free. The whole number treated was 1394, of whom 136 remain under treatment, 15 of which are paying patients.

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Bellevue Hospital Medical College—The organization of this college is announced with a corps of thirteen professors. The faculty consist of Isaac E. Taylor, M. D., *President;* Benj. W. McCreedy, M. D., *Secretary;* R. O. Doremus, M. D., *Treasurer;* James R. Wood, M. D., Professor of Operative Surgery and Surgical Pathology; Frank H. Hamilton, M. D., Professor of Military Surgery, Fractures, and Dislocations; Lewis A. Sayre, M. D, Professor of Orthopedic Surgery; Alexander B. Mott, M. D., Professor of Surgical Anatomy; Stephen Smith, M. D., Professor of the Principles of Surgery; Isaac E. Taylor, M. D., George T. Elliott, M. D., B. Fordyce Barker, M. D., Professors of Obstetrics and the Diseases of Women and Children; Benjamin W. McCreedy, M. D., Professor of Materia Medica and Therapeutics; Tim. Childs, M. D., Professor of Descriptive Anatomy; Austin Flint, M. D., Professor of the Principles and Practice of Medicine; R. Ogden Doremus, M. D, Professor of Chemistry and Toxicology; Austin Flint, Jr., M. D, Professor of Physiology and Microscopic Anatomy; Charles D. Phelps, M. D., Demonstrator of Anatomy; N. R. Mosely, M. D., Prosector to Chair of Surgical Anatomy; Sylvester Teats, M. D., Prosector to Chair of Operative Surgery and Surgical Pathology.

There will be a preliminary term commencing on the 18th Sept. 1861, and the regular term will commence on Wednesday, Oct. 16, 1861, and end early in March following.

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Obituary Record.—Died, on the 15th May, at Norfolk, Va., of apoplexy, aged 75 years, Brevet Brigadier General Thomas Lawson, M. D., Surgeon General United States Army.

——— in New York, May 13th, of cardiac disease, David Meredith Reese, M. D., aged 60 years.

FOREIGN INTELLIGENCE.

Failure of Atropine Injections in Tetanus.—M. Chapet, physician to the Hôtel Dieu of Lyons, has published in the *Medical Gazette* of that city the case of a boy six years old, who had an attack of tetanus in consequence of a wound at the back of the head. Two grains of atropine were dissolved in seventy-five grains of water, and with this solution a compress was moistened and placed in the wound. This dressing was changed every half hour. Chloroform was now inhaled, and anæsthesia twice produced. Injections into the cellular tissue were then tried, consisting of two grains of atropine to two drachms and a half of water. In the meanwhile the patient had an alkaline bath, and frictions with mercurial ointment over the abdomen. Atropine was also incorporated with axunge (two grains to two drachms and a half), the ointment to be placed on the wound, and an enema with one drop of croton oil likewise given. Six drops of the above-mentioned solution of atropine were injected, which brought on a complete resolution of the tetanic spasms; but the patient turned pale and livid, comatose, and had hardly any pulse. In five or six minutes the child opened his eyes and asked for drink, but the muscular rigidity soon reappeared. At ten o'clock severe convulsions came on, and a new injection was practised to about five drops. After a few minutes the patient was turned in bed, the rigidity was the same, and the heart had ceased to beat.—*Lancet*, June 8, 1861.

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Syphiliphobia, in M. Diday's opinion, is one of the most common and important of nervous diseases. It constitutes, or complicates, one-fourth of the cases that come

under his notice. Moreover, it is the fear of syphilis, and not syphilis itself, which impels many persons to commit suicide. M. Diday divides cases of syphiliphobia into two great classes. In the one, the patient has a dread of syphilis without any cause, not being affected with the disease; in the other, the patient has syphilis, and the syphiliphobia is symptomatic.

In the treatment of the former class, M. Diday recommends that, after listening to the patient's whole story, we should frankly tell him our mind, and endeavour to disabuse him of his false notions. At the same time, we must enjoin a good diet, an active life, and everything calculated to divert the mind from brooding over the imaginary disease. If these measures fail, an antisyphilitic remedy may be prescribed; and the fact of its producing no benefit at the end of a fixed time may be used as an argument against the patient's having syphilis.

When the patient has really had syphilis, and exhibits an inordinate dread of its effects, everything should be done to quiet his apprehensions. He may be assured that syphilis never proves fatal; that, when properly treated, it may be cured completely, causes no apparent deformities, and does not render it necessary for the patient to give up his ordinary avocations; and that it may be possible for him to marry, without any bad effects ensuing either to his wife or family. We must refer the reader to the original memoir, for much valuable advice for our guidance in the treatment of these difficult cases.—*Brit. Med. Journ.*, March 16, from *Gaz. Méd. de Lyon*, 16th Jan. and 15th Feb., 1861.

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Prevention of Vomiting following Inhalation of Chloroform.—This, Dr. Fischer says (*Allgemeine Zeitung*), may be effected by making the patient take a glass of wine before the inhalation.

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Pus-Cells in the Atmosphere.—The following discovery, which of course will require careful examination, is published in the *Cosmos:* In the Orphan Asylum, near Prague, an epidemic of purulent ophthalmia lately broke out, and 92 children out of 200 were attacked. Great care was taken to avoid the contact of the matter, but the medical attendants and nurses nevertheless took the disease. M. Eiselt thereupon proceeded to examine the air with Pouchet's aëroscope improved by Purkinje, and in the atmosphere of a ward where lay a great many of the children, a large number of pus-cells were found. In fact, the cells were noticed upon the instrument immediately the air was made to pass through the apparatus. A committee has been appointed by the Medical Society of Vienna to investigate the facts published by M. Eiselt.—*Lancet*, May 18, 1861.

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Benefits resulting from Sanitary Science.—No better proof could be offered of the vast importance of modern sanitary science than the condition of Liverpool during the foregone year. Before the passing of what is known as the "Sanitary Act," the yearly mortality of Liverpool was notoriously and invariably higher than that of any other town in the kingdom. Since the Act came into operation there, the annual mortality has upon four occasions been successively lower than in any previous year, i.e., in the years 1850, 1856, 1859, and 1860, when the death-rate was respectively 27.5, 27.3, 26 0, and 24.2 per 1000. During the ten years which preceded the passing of the Bill, the mean death-rate was about 32 5. The mortality of 1859 was the lowest upon record up to that time; but it will be found, upon referring to the Health Officer's recent able Report,[1] that last year, with a population numbering about 10,000 more, the deaths were nearly 600 fewer than in the former period. Thus last year alone there was a saving of not less than 3800 lives. Only in 1850, when the population was less by at least 90,000, were the deaths fewer in number. If it be objected that it is unfair to draw the above inference from the mortality of so limited a period, we may reply that if a wider basis of facts be taken, and the last *five* years, 1856-60, be compared with the previous five years, 1851-55, we shall still find the same favourable result, the saving of life during the latter period amounting to about 1100 annually, after striking out the cholera deaths of 1854. Looking at these results, then, and recalling to mind what was the condition of Liverpool previously, we may with justice reiterate the statement of Dr. Duncan, that the authorities and ratepayers may congratulate them-

[1] Report of the Health of Liverpool during the year 1860. By W. H. Duncan, M.D., Medical Officer of Health for the Borough, late Physician to the Royal Infirmary, &c., Liverpool, 1861.

selves that their expenditure for sanitary purposes since 1847—large as it has been—has produced results commensurate with the sacrifices which they had incurred.—*Lancet*, May 4, 1861.

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Diseased Meat.—The Police Reports in the newspapers contain almost daily accounts of the seizure of diseased meat in various parts of the metropolis; and yet the practice appears to be on the increase, and, as we have been informed by persons specially qualified to give an opinion, the quantity seized gives but a very inadequate idea of the quantity that eludes detection and is sold to the labouring classes. * * * All over the country cattle are dying from the effects of inclement weather and insufficient food, and wherever the carrion can be sold for human food, the temptation is too great for the bucolic conscience to resist. The elaborate report of Dr. Headlam Greenhow throws doubt on the noxious quality of the flesh of animals dying of disease, but it is evident from the testimony of skilled witnesses that the diseases of which cattle are now dying produce not merely emaciation, converting sheep into "lanterns" (so called in the technical language of the markets, because a lighted candle would shine through their transparent intercostal spaces), but a positive sourness and unwholesome quality. Our informant, visiting a very clean slaughter-house, where there was abundance of good meat, noticed a peculiar dissecting-room smell, which proceeded from a tub filled with pork in a disgusting state, and partly black with ecchymosis. This was seized, and some healthy looking pork, macerated in the same tub of water, was seized likewise, because impregnated with the putrid water, although the butcher remonstrated loudly. In the same district some veal was seized which was but a day or two old, and some mutton from a sheep which had been crushed to death in a railway-van. The femur was smashed and the meat black with extravasated blood. Some Welsh legs, dressed as lamb, with a little wool fastened round above the hoofs, were not seized, but left, in order that the honest ingenuity of the butcher in manufacturing "lamb" might meet with its reward from a discerning public. The practical questions that arise are these: First, the necessity of stricter supervision at railway termini and steam packet wharves (we are told that fifty cattle in a state of disease were landed lately at Blackwall and slaughtered there for the London market); next, a more full and efficient superintendence of the great central markets; and a frequent visitation of local slaughter-houses and low butchers' shops by parochial sanitary inspectors; and, lastly, something like reasonable security that condemned meat shall be so destroyed as not to enter in any way into the composition of human food. At present, it is next to certain that some which is boiled down is made to contribute a grease which is used in the manufacture of butter; a little of it, too, is added to chicory in roasting, in order to give this counterfeit a richness and tone, both to touch and taste, and to contribute that oily sensation which coffee yields and chicory does not.—*Med. Times and Gaz.*, April 13th, 1861.

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Poisonous Soaps and Perfumery.—M. Reveil, the chemist, has drawn the attention of the authorities of France to the necessity of preventing perfumers and hairdressers from selling poisonous articles, whether under the denomination of dyes, soaps, cosmetics, or toilet-washes; and of forbidding any tradesman, unprovided with a regular license, from dealing in such dangerous preparations. M. Reveil remarks that when it is considered that the compounds he refers to contain, many of them, arsenic, acid nitrate of mercury, tartar emetic, cantharides, caustic potash, and like poisonous drugs, in considerable quantities, the urgent need for some interference will be readily understood. He further states that such is the bad faith of the manufacturer in these particular questions, that whilst articles are announced as being composed of some well-known and innocuous ingredients, on chemical analysis they are not unfrequently found to contain most deleterious substances, and not one atom of the alleged principal component. The kind of soap, for example, known as "lettuce-soap," and sold, by the way, as *acknowledged* by the Academy, does not contain a trace of lettuce. This, and several other soaps, are coloured green by means of the sesquioxide or chromium, or of a rose colour by the bisulphuret of mercury. Some, again, which are cheaper, contain thirty per cent. of insoluble matter, such as lime and plaster, while others contain animal matter, which, having

escaped the process of saponification, emits an offensive smell when its solution is left exposed to the air for any time. The preparations employed for hair dyeing, under the euphonious titles of "Florida water," "African water," &c., all contain nitrate of silver, sulphur, oxide and acetate of lead, sulphate of copper, and other noxious substances. All the cosmetics, called "Depilatories," and used for removing hairs, as well as those for clearing the complexion of freckles, are poisonous; and one, the "Lait antéphélique," owes its efficacy to the presence of corrosive sublimate and oxide of lead. Were, indeed, a chemist to deliver such a remedy to a customer without a regular prescription, he would be liable to a fine of 6000 francs. The toilet-vinegars, also, so generally used by ladies, are, M. Reveil believes, injurious to the skin, and especially when employed in conjunction with soap. In this case, a decomposition ensues, and the fatty acids of the soap, which are insoluble in water, remain in contact with the cuticle, and may act as an irritant. At the conclusion of his memoir, the author expressed his regret—a feeling which will, I believe, be very generally re-echoed—that certain of our confraternity should so entirely forget their own dignity as to lend the support of their names to such noxious inventions.—*Lancet*, June 8, 1861.

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Allopathy and Homœopathy.—The following very sensible remarks in the *Moniteur des Sciences, etc.*, on the absurdity of the term allopathy, as well as that of homœopathy, are worthy the attention of all who make use of them:—

"The terms homœopathy and allopathy are absurd, etymologically and rationally. I deny the existence, in a scientific sense, of both homœopathy and allopathy. The distinction reminds me of that made by a candidate for honours, who divided mankind into the human and the inhuman. Those who call themselves homœopaths, or who speak of homœopathy, know not what they say, or rather only understand it as being a means of obtaining practice. To give up the term of homœopath is an act of sense. The epithet is, in fact, a party sign, and in medicine, if we tolerate errors, we are not fond of banners. When the party colours are removed, then we find ourselves face to face with the so-called law of *similia similibus*, and of infinitesimal doses—in fact, with an old tradition. For these questions have both been judged ages ago; the first, under the names of enantiosis and hypenantiosis (and on this point references may be made to the translation of Hippocrates by M. Littré, vol. iv. p 420); and the last, carried to extremes, that is, in its actual sense of infinitesimal, is *à priori* manifestly absurd; but, in a restricted sense, has been frequently studied in materia medica. I prefer, as a mental phenomenon, a belief in spirit-rapping to a belief in homœopathy; for the spirit-doctrine is clear, it has existed at all times, we can follow its origin and phases, and may admit it without being taxed with ignorance or bad faith; but homœopathy is a thing without existence. There are homœopaths, but not homœopathy."

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Military Hospitals in Paris.—Some time since there were only two military hospitals in Paris—the Val de Grâce and the Gros Caillou. For the benefit of the troops a third was constructed at Vincennes, near the wood, where the patients breathe purer air; and the sanitary results are described as being more satisfactory; indeed, M. Bondin, the distinguished military physician, said, at a meeting of the Statistical Congress, held in London last year, that the only epidemic which ever reigned there was an epidemic of health.—*Lancet*, June 8, 1861.

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Amalgamation of the London Medical Societies.—Some time past a strenuous effort has been making in London to unite the several medical societies of the metropolis, and at a special meeting of the Royal Medical and Chirurgical Society held on the 5th of April, it was decided, "That it would tend to the advancement of medical science were the Royal Medical and Chirurgical, the Pathological, the Epidemological, and Obstetric Societies united under one head, and the different branches of medical science carried out in corresponding sections of one society"

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Obituary Record.—Died suddenly in Dublin, Wm. Henry Porter, Professor of Surgery in the College of Surgeons and one of the Surgeons of the Meath Hospital, one of the most respected and eminent surgeons of the Irish capital.

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CLINICS.

CLINICAL LECTURE.

Lecture on Cerebral Disease unattended by Cerebral Symptoms.—By CHARLES WEST, M. D., physician to the hospital for sick children. Delivered at the hospital Feb. 16, 1861.

Summary: Majority of such Cases Incurable, but their Diagnostic Importance great; Cases of Hydrocephalus with absence of characteristic Premonitory Symptoms; Great Value to be attached to any one Symptom if persistent, though unattended by others, as persistent Constipation, Sickness, Headache, or Drowsiness; Occasional rapid Advance of Hydrocephalus in Phthisical Subjects; Gravity of slight Symptoms at certain Epochs of Infantile Development; Symptoms sometimes Obscure in Cases of Chronic Tubercular Diseases of the Brain; Cases in Illustration; Conclusion.

GENTLEMEN: On two former occasions I have called your attention to cases in which the symptoms ordinarily indicative of Disease of the Brain existed as the result of mere passing disturbance of that organ, and did my best to help you to distinguish between the apparent and the real; and thereby, I trust, to remove groundless apprehensions, and to bring most welcome hopes to your patients' friends.

To-day I propose to show you the other side of the picture, and to bring before you some instances in which the existence of disease of the brain was masked by the absence of its more usual symptoms, or rather by the delay of their appearance. These cases are all the more important since, though they are for the most part of a kind that does not admit of cure, slight indications still forewarn the experienced eye of the coming danger; while the absence of the customary signs of evil lull the untaught physician into a vain security, from which he is not roused until death is actually on the threshold.

A few weeks since a little boy, 3½ years old, was brought into this hospital in a state of unconsciousness, from which he could

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not be roused. His eyes were wide open, and rolled vacantly around, or were stirred by a frequent twitching movement towards the right side, while the pupils were widely dilated, and insensible to light. The left arm and leg were palsied, the boy could not move them; if lifted they fell again as if dead; power still existed in the right side, with which involuntary movements were made; but the sense of feeling was gone; and though the limbs were pinched, no attempt was made to move them. The jaws were firmly clenched, but deglutition was performed, though with difficulty, if the spoon was forced between the teeth. With this the pulse was extremely feeble; and it was evident at once that there existed incurable disease of the brain—that the child had come into the hospital to die.

On the next day breathing was very irregular; fluid put into the mouth ran out at the corners, and the act of swallowing was worse performed than on the previous day, while the pulse was now so feeble as to be a mere thread, and so frequent as to be almost uncountable. It is scarcely worth while to follow the process of dying, which went on from January 22 to January 25, with such changes only as served to announce the gradual advance of the abolition of all nervous power, till at length the child ceased to breathe.

There was considerable congestion of the vessels of the arachnoid, and this by no means so marked at the back as towards the front part of the brain; consequently in no measure the result of position. The convolutions of the brain were much flattened, and the ventricles were distended by four ounces of clear serum. The lining of the ventricles was somewhat thickened and tough, and presented a finely granular appearance, which showed that inflammatory mischief had for some time been going on in the central parts of the brain. The anterior cornua of the ventricles were not softened, but there was much softening of the brain-substance about and around the posterior cornua. There were some minute tubercular granulations of the arachnoid on the convexity of the brain, and as is usual a similar much more abundant deposit intermixed with hyaline matter about the optic commissures, and extending along the fissure of Sylvius. The lungs were beset throughout with very minute, transparent gray granulations, equally abundant and in the same early stage throughout. The bronchial glands were much enlarged, and many of them were converted into yellow tubercle. Tubercle was deposited in the pleura, peritoneum, liver, spleen, and slightly in the mesenteric glands.

But why do I relate this case, which thus far presents nothing specially to distinguish it from other cases of tubercular hydrocephalus; coming under observation when the disease is advanced, and when the doctor can do nothing but stand by and watch the gradual approach of death? I relate it on account of the previous history of the child, on account of the small suspicion which the mother appears to have entertained that the early symptoms of her little one's illness had so grave a meaning as time showed to be their real import. The little boy was delicate, and of late his father had been out of work, and so he had fared badly. On January 7 he was rather feverish, his appetite failed, his face flushed frequently, and his bowels were constipated, and for four days they continued so; when at length they were relieved by castor oil; though for fourteen days the bowels acted only three times. Active aperients, however, do not seem to have been tried. There was no sickness, nor was there any complaint of pain in the head nor any indication of its suffering, and the convulsions which occurred on January 17, and which continued at intervals, scarcely indeed at any time completely ceasing, first aroused the mother's serious alarm. On the 19th the convulsions ceased, and left the child in that unconscious state in which he was admitted on the 22d; only to die in the hospital on January 26.

It is well to have impressed upon your minds the characteristic features of certain diseases—to know, for instance, that sickness and vomiting, and pain in the head and restless nights, that altered temper, and causeless fretfulness, and intolerance of light and sound, dizziness, and heat of head, are the usual signs of water on the brain. It is well, however, to be aware also that any one, or almost all, indeed, of these symptoms may be absent, and yet the disease may be quietly advancing; and that the steady persistence of any one symptom of cerebral disease, unrelieved by ordinary remedies, and especially when coming on in a patient disposed either by hereditary tendency or by unfavourable

hygienic conditions to disease, should always kindle in your minds apprehensions which yet it may not always be judicious to express. Loss of appetite, transient flushings of the face, and constipation, are symptoms which an untaught woman may well be excused for not regarding with grave solicitude. But it cannot be too deeply impressed on your minds that in every doubtful case you are bound distinctly to raise to yourselves the issue of the presence or absence of cerebral disease, and that the longer any one symptom commonly associated with disease of the brain persists, the greater is the probability that that symptom depends on organic disease, not on mere eccentric irritation. This rule, indeed, is but a natural corollary from what I have stated in former lectures, that the intermittence of symptoms which are in themselves most formidable, goes far to prove that in the particular instance their meaning is not so grave as we might at first imagine.

Constipation seems, in the above related case, to have been the one persistent symptom, which, though it failed to excite the suspicion of the mother, ought not, in similar circumstances, to fail to awaken yours. The symptom may vary, but, be it what it may, its steady persistence attaches to it a gravity which it would be hard to over-estimate.

A little boy, 5 years old, whose maternal grandfather died of phthisis, was in good health until the middle of July, 1843. He was then attacked by diarrhœa and violent sickness. The diarrhœa ceased under treatment at the end of five weeks, but the sickness continued unabated. On September 11 he was seen by a physician, who ordered a blister to the epigastrium, where he complained of pain, apparently brought on by the frequent retching; and who also gave him an emetic, on the assumption, I suppose, of the existence of gastric disorder, and a mild aperient to relieve the bowels, which since the cessation of the diarrhœa had become a little constipated. On September 13 I saw him for the first time. At the time of my visit he was lying in bed, dozing, not sleeping, with his face turned from the light; but, on being roused, he was perfectly cheerful, and said he had no pain at all in his head; though I heard he had once or twice complained of headache on the day before. His pulse was very frequent; I suspected that it was irregular; but could not quite satisfy myself of it, and in the absence of any marked symptom of disease of the brain contented myself with prescribing some hydrocyanic acid. Of this medicine he took three doses; during the former part of the night he slept well, he then became restless, and had a fit at eight o'clock in the morning, succeeded by another slighter one at eleven. At half past twelve I saw him; he was quite sensible, lying on his side, with his eyes closed, and said he was "so sleepy;" but though he appeared to doze he had no real sleep. His head was not hot, his eyes were not suffused, his pupils were natural, his manner perfectly self-possessed; but his pulse, the day before so frequent, had sunk to sixty. It was feeble, somewhat unequal in force, and very irregular in rhythm, there being a distinct intermission at every sixth beat. Local depletion relieved the head; but the fits returned after a few hours, gradually increasing in severity, duration, and frequency, and a gradually deepening drowsiness affected him in the intervals. The bowels were by no means obstinately constipated, and the child was brought speedily under the influence of mercury; but no effect was thereby produced. The coma became more profound, and at length convulsions came on, in which he died on September 21, eight days after I first saw him.

There was a considerable quantity of fluid in the ventricles, considerable congestion of the cerebral substance, and slight softening of the central parts of the brain, with a few tubercular granulations of the membranes at the base of the brain, and minute gray granulations abounded through the pulmonary substance. The appearances, in short, were abundantly characteristic of tubercular hydrocephalus, but not of the disease in its most extreme degree; and I think that I may add that in many instances, where the disease steals on imperceptibly in its early stages, it does not leave behind the same extensive disorganization which we commonly meet with when it has run its course with well-marked symptoms from the commencement.

This case is remarkable, partly for the supervention of the disease upon previous diarrhœa, which, indeed, had subsided, but left the bowels easily acted on by medicine; partly for the complete absence of all ordi-

nary symptoms of cerebral disease when he was seen by the experienced physician who first prescribed for him on September 11th, and who made an express memorandum with reference to him, Cerebri affectio nulla, on the paper on which he prescribed for him. Three other points this case may impress upon your minds. The grave import of vomiting in childhood when persistent, and when not accompanied by other very marked signs of gastric and intestinal disorder. The extreme probability that great frequency of the pulse (except when the result of exhaustion) unaccompanied by corresponding heat of skin and manifest febrile disturbance depends on mischief going on in the brain. The almost absolute certainty that such is the case which may be deduced from any, even the slightest irregularity in the rhythm of the pulse or inequality in the force of the beats; and the positive proof that it is so which is furnished by any sudden and considerable diminution of its previous frequency, as for example when it falls (as in the just related instance) from 120 to 60 in less than twenty-four hours.

Constipation alone, sickness alone—in like manner headache alone—may be the one sign of the coming danger. A boy, 6½ years old, one of six children of healthy parents, though one infant had died of hydrocephalus, had a slight feverish attack in the month of September, during which he was reported to have been light-headed one or two nights. He regained his usual health in about a fortnight, though his appetite continued rather dainty, and he scarcely had his usual strength or spirits. So little cause for anxiety did there seem, however, that his mother was about to take him out of town at the end of November, but brought him to me first, more as a matter of precaution than from any serious anxiety about his health. One symptom, however, was mentioned at this interview, on November 29, namely, the existence for some weeks of a constant, dull, frontal headache. It was not a violent pain like the purely neuralgic headache, nor was it accompanied with sickness, like the headache I referred to in my last lecture, which, continuing severe and with much disorder of the stomach for some twelve or twenty-four hours, then leaves the child almost or quite as cheerful as ever, though for a few days, perhaps, somewhat weaker. This pain was present constantly. It did not, indeed, interfere with sleep; the child slept tolerably well; but the pain awoke with him in the morning and continued all day long. He did not always complain of it, as quiet amusements which interested him seemed to make him for a time forget it, but he never lost it entirely. His head was not then hot, nor was his pulse irregular; he had not vomited, his bowels were not very confined; but there was simple pain of the head. That pain was persistent, and had followed an indefinite febrile attack which had been attended by cerebral disturbance, and had left behind a degree of impaired appetite and strength, outlasting the time to which one might have expected the influence of a comparatively trival ailment to extend. Always suspect the import of vague febrile attacks in childhood, coming on causelessly, lasting an indefinite time, unattended by grave functional disturbance of any special set of organs, a condition more of ailing than of illness, which keeps you on the alert more because you do not see clearly what it is to issue in than because on any one visit you observe cause for serious anxiety. Such attacks, in nine cases out of ten, are the results of tubercular deposit, are, I believe, the outward signs of the active progress of the tuberculous cachexia; and when in the course of such attacks, or after their occurrence, symptoms appear indicative of disorder of any kind in the head, the chest, the abdomen, such disorder is almost invariably due to their disturbance by tubercular deposit in the brain, the lungs, the intestines, or peritoneum.

The boy did not go into the country, for I felt uneasy about him. On December 3 I saw him again; his condition was much the same, he was no better, was not much worse; but he was rather fond of sitting by the side of the sofa, and burying his head in his mother's lap, or in the sofa pillow, while he dozed a few minutes; but still he was intelligent, moderately cheerful, and capable of being amused. On the 8th the pulse was slightly irregular; and now the drowsiness deepened, and by degrees took the place of the pain. On the 19th he died, having been convulsed, though but slightly, two days before his death, and having at no time presented the marked characteristics of tubercular hydrocephalus. Effusion into the ventricles,

central softening of the brain, and granulations of the arachnoid, were present; all in sufficient degree to mark the disease to the eye of the morbid anatomist, though like the symptoms during life, not in such measure as would have led one to select the case for the ordinary purposes of clinical illustration.

Let me add another case which occurred here but a few days since, and which illustrates a different phase of the early stage of the disease. A few days since, going round the ward, I came to a case which had been admitted two days previously. It was a little girl, 4 years old, previously in good health, who on January 30 had been attacked by causeless vomiting, accompanied by thirst and fever, but by no pain. When brought to the hospital, on February 6, the extremely acute and intelligent house-surgeon was so impressed by these symptoms, that he regarded the case as one in which scarlatina was probably about to appear, and very properly had the little one placed in the fever ward. No rash was perceptible, and the next day and the next none appeared. She lay quiet, and dozed much by day; but she vomited only thrice after admission. On the night of February 7 she was restless and thirsty, and on February 8 I saw her for the first time. It was then obvious that the case was not one of scarlatina, for the following reasons: the vomiting which ushers in scarlet fever is succeeded almost invariably in the course of twenty-four or, at latest, thirty-six hours, by the appearance of the characteristic rash. In this case no sign of rash was apparent at the end of seven days. The vomiting of scarlet fever is usually of short duration, the exception being furnished by occasional instances of the malignant form of the dis ease; but of malignant fever there was no question here. If vomiting continues, the intestinal disorder almost invariably occasions diarrhœa; in this case, on the contrary, the bowels were constipated. Mere drowsiness is not a common attendant on scarlet fever, but if there is much cerebral disturbance, it takes the form of delirium, or of excitement alternating with the semi-consciousness of fever, and which differs widely from the placid sleepiness of the child with cerebral disease. This child lay in bed, curled up in an attitude of perfect calm, and did not resent being disturbed or being lifted out of bed. Her pupils were unnaturally dilated and acted but imperfectly under the stimulus of light, and there was very slight inward strabismus of the right eye. There was but slight heat of head, there was no undue pulsation of the carotids, there was no grinding of the teeth, no difficulty in deglutition. Time passed on, but with no marked sign of increased mischief, only the gradual deepening of the drowsiness into a coma so profound, that the child could not be roused, and the slow increase of the difficulty in deglutition, till at last it became impossible. On the fifteenth day the little one died, no convulsions disturbed its repose, or distorted its features, but it just passed away.

I do not dwell on the morbid appearances. They consisted of the effusion into the ventricles, the granulations of the arachnoid, the deposit of lymph at the base of the brain—in short, of the ordinary appearances, characteristic of tubercular hydrocephalus.

At the risk even of what may seem almost tedious iteration, I must once more warn you against the extreme risk of overlooking the advances of cerebral disease in phthisical or tubercular subjects. The headache in one of the cases I have related forced itself upon notice, but it is by no means always that any one symptom points, as the pain did in that instance, to the seat of mischief. Solicitude has perhaps existed for some time with reference to the child's health; slight cough is present, and with it there is some loss of flesh. Presently the cough increases a little, and the parents attribute this to the child somehow having caught fresh cold. There is no marked head-affection, the child indeed is heavy and dull, but makes no special complaint of headache, or says at the most that his head hurts him when he coughs. The bowels are often somewhat constipated, but probably a disposition to constipation is habitual, while if vomiting occurs once or twice it is referred to the expectorants, prescribed for the cough, and ceases either spontaneously, or as the result of some change in treatment. But still the patient is no better; the pulse continues rapid and feeble, the heaviness and dulness deepen into a constant drowsiness, the drowsiness into a stupor, and the stupor issues in coma which may or may not be preceded by convulsion; the riddle of diagnosis being solved by the evident head-symptoms

which accompany the last few days or hours of the patient's life.

A girl, 7 years and 9 months old, who inherited a phthisical tendency from her maternal ancestors, was attacked by hooping-cough four months before she came under my notice. In the course of a week measles supervened which were complicated with severe diarrhœa; while the hooping-cough lasted, though with no great severity, for four months. A month after its cessation the child, who still had some cough, was admitted into the Children's Hospital. She was very weak, much emaciated, had various dyspeptic symptoms, and presented all the characters of advanced phthisis, while there were evidences of tubercular deposit in the left lung. Her pulse was a hundred in frequency and very feeble; her tongue was much coated, her lips were dry, and she resembled not a little a patient with typhoid fever: between which disease and acute tuberculosis, I may just remind you, in passing, the diagnosis is often by no means easy. She slept well the night after her admission, and made no complaint of headache, but in the morning she was sick once, a symptom which had occurred before, but which at no time was frequent or troublesome. On the following day she made slight complaint of headache, but her face was tranquil, and though not sleepy much by day she was always quiet. Her pupils on this day were observed to be rather more dilated and rather more sluggish than they ought to have been. Sickness had not returned, nor did it; but the complete distaste for all food and drink was very remarkable. On the fourth day all headache had disappeared, but drowsiness seemed creeping on; it deepened into coma on the sixth day; undisturbed, save by very slight twitching of the muscles of the face, and on the eighth day the child died.

The emaciation was extreme, and there was abundant tubercular deposit in almost all the organs of the body, especially in the bronchial glands and spleen. There were traces of old mischief at the base of the brain in the form of loss of transparency of the membranes, and some deposit of tubercular granulations along the fissure of Sylvius. The ventricles did not contain above six drachms of fluid, and there was no softening of the central parts of the brain, while the congestion of the arachnoid was not considerable. In short, the post-mortem appearances harmonized with the symptoms during life in illustrating the fact that whenever the tuberculous cachexia is much developed, a very small amount of cerebral disease is quite sufficient to destroy the patient; and the slight symptoms during life will be found to be the expression of a very small amount of local mischief.

The younger the child, too, the smaller will usually be the amount, both of general and local disease that will suffice for its destruction. There are also certain epochs of infantile life at which unusual demands are made on constitutional vigour, and at which, therefore, more than ordinary watchfulness is called for, and symptoms have a more than ordinary grave significance; such are the epochs of weaning, and of dentition; and one of the reasons for somewhat protracted suckling of a weakly infant is to prevent the coincidence of the irritation of teething with the constitutional disorder that too often accompanies the first attempt at the substitution of artificial food for the mother's or nurse's milk.

It is at this time that slight attacks of illness are apt to pass unnoticed, or to be referred for an easy solution of their meaning either to the change of diet, or to the irritation of teething. The child becomes fretful, sometimes feverish, generally restless at night, but still there are intervals of almost its wonted cheerfulness. There is no marked intolerance of light—a symptom, by-the-by, the existence of which it is not easy to ascertain in the infant; constipation is seldom obstinate, often does not exist at all, while loss of appetite and refusal of its usual food are often even more marked than actual vomiting. For days, sometimes even for weeks, these symptoms continue, affording nothing definite enough for treatment, scarcely definite enough to call for grave solicitude. At length, with no apparent cause, there sets in an increase of the fever, attended by considerable heat of head and frequent outcries. These last for a variable time, for two or three days, or less, or sometimes even only for a single night, and the next day brings quiet; the child is drowsy after its suffering of the day before, so it seems at least, and the drowsiness deepens, and then coma steals on so almost imperceptibly that the anxious mother clings to the confident expectation of her little one's recovery for days after

the doctor has seen the certain issue of the disease in death. Now and then, too, the acute stage of excitement and pain and fever is altogether wanting, and the transition from mere discomfort, first to apparent ease, and then to drowsiness, then to sleep, and from sleep to stupor, from stupor to death is so gentle, that not the friends only, but the doctor, too, are apt to be taken by surprise.

And how is such surprise to be avoided? Partly by bearing in mind that the ill-marked febrile disorders—the fretfulness, the unrest, all the assemblage of indefinite symptoms which I have mentioned—is commonly indicative of the advance of tubercular deposit, or, at any rate, accompanies that state of health in which deposit of tubercle is most apt to take place. Next, by remembering that in the infant at the period of dentition, there is a special source of irritation of the nervous system which tends to render the brain most sensitive, and its functions most likely to become disordered. Lastly, that this being the case, any signs of constitutional disturbance not clearly traceable to some other cause are most likely due to disease of the brain, and that consequently, on every occasion, you are bound to disprove the existence of cerebral disease before you are at liberty to seek further for an explanation of the symptoms.

But it is not in comparatively acute cases only that you are liable to fall into error, owing to the absence of those pathognomonic symptoms, which usually you expect to meet with. The course of chronic disease may also be obscured in a similar manner, and this even when the appearances disclosed after death are such as to make it seem almost impossible that disease so grave should not have announced its presence most emphatically by symptoms of corresponding intensity.

Not many months ago a boy, ten years old, was admitted into the hospital who had been ailing for six weeks with occasional vomiting and a relaxed state of the bowels, which, for some days, had amounted to rather severe diarrhœa. He had lost his appetite and grown thinner, and had rested ill at night, but pain referred to the back of the head, nearly constant but never intense, was the only symptom which appeared indicative of cerebral disease. After a continuance of these symptoms for six weeks, he was admitted into the hospital as much on account of his failing health as of any solicitude excited by the headache. He was perfectly intelligent, and distinctly referred to the occiput as the seat of pain; but there was no tenderness on pressure there, or about the upper part of the cervical spine. A sluggish condition of the pupils, which were more dilated than natural, and slight divergence of the eyes existed, but neither of them to such an extent as at all to have forced itself upon observation.

He survived his admission sixteen days. His appetite improved; for a few days his headache considerably lessened, though it did not altogether cease, but then again returned, and was referred alternately to the occiput and forehead. His improvement occurred while taking small doses of the iodide of potassium, but I do not imagine that any considerable importance is to be attributed to it; and a blister was applied to the nape of the neck, on account of some increased headache two days before he died. Death took place unexpectedly, and so gently, that the attitude of quiet slumber in which the boy was seen more than once during the night was undisturbed.

A large mass of yellow tubercle, a little irregular, but about two inches in diameter, was imbedded in the left hemisphere of the cerebellum, pressing on and distinctly flattening the medulla oblongata. There was no change in the brain-substance in the neighbourhood of the tubercle, or elsewhere, but the ventricles were much enlarged, their lining membrane was tough, and they contained eight ounces of perfectly transparent fluid.

It is worthy of note, that with the exception of slight old tubercular deposit at the apex of the right lung, the body presented no other trace of it. This is of importance, inasmuch as it shows that extensive disease in the brain may exist, independent of those general evidences of tuberculosis which often serve as a clue to the understanding of symptoms otherwise obscure.

In this case one symptom, and only one, was present to fix the attention on the probable existence of disease of the brain, and that was pain in the head. It was not intense pain, it was not sudden in its onset; brief in its stay, complete in its disappearance, relieved by attention to the state of the bowels, or even ceasing of its own accord, as did those neuralgic headaches

which I spoke about at my last lecture, but it was constant, varying indeed, now better, now worse, but never entirely absent.

Be the symptom of cerebral disease, then, what it may, the mere fact of its persistence attaches to it an importance which it is almost impossible to overstate, and which far exceeds what would belong to it, even though tenfold more characteristic when present, if that presence were occasional and interrupted by intervals, during which it ceased completely. Of no symptom is this more emphatically true than of pain as a sign of cerebral disease.

In the great majority of instances the existence of any considerable deposit of tubercle in the brain, produces not merely pain, but also impairment of power over some of the voluntary muscles, showing itself in paralysis, or in convulsive movements, or in both. It is unusual for the latter to precede the pain, and still more unusual for them to continue for any considerable time without becoming associated with pain, and with other unmistakable evidences of cerebral disorder.

Such exceptional cases do, however, now and then occur. A little girl, one of five children of healthy parents, in whose family no phthisical predisposition existed, had had uninterruptedly good health, not disturbed even by the process of teething. While at breakfast, when two years and a half old, and apparently in perfect health, her mother noticed a tremulous movement of the right hand upon the wrist. In fourteen days the movement extended to the right arm also, and in another month to the right leg. At two years and nine months she came under my notice. At that time the leg and arm trembled in an almost equal degree, and the foot was drawn inwards. The child could stand, but could not walk; she could raise her hand to her head, could hold anything very light, but nothing of weight, in the hand. The trembling ceased when in profound sleep, but the slightest irritation of the surface reproduced them without waking her. For about five weeks before I saw her her head had been constantly drawn towards the left shoulder, though it became quite straight when she was asleep; and she had some power to elevate it, though she was not able to keep it raised. When these symptoms first came on, she seemed somewhat out of health, lost flesh, slept badly, and her appetite failed; but for a month previous to her admission she had seemed well in all respects with the exception of the involuntary twitching.

The child was perfectly merry all day long, and some degree of constipation was the only symptom of disorder of her health. Aperients were given to her, but no other medicine. In five days there was marked diminution of the wry neck, and in nine the twitching of the arm and leg was also lessened. By degrees she acquired the power of standing firmly with very slight support, though, as often happens with children suffering from chorea, any excitement, or the consciousness of being watched, sufficed to bring back all the tremulousness almost in as great a degree as when admitted into the hospital. Simultaneously with this improvement, however, it was observed that the mouth was drawn somewhat to the left side; but this symptom gradually abated, and finally disappeared in the course of the next month. She became able to walk firmly, and to grasp objects well in her hand; and she left the hospital, fourteen weeks after her admission, with no other ailment than slight tremulousness of the hand and arm, and somewhat impaired power over the right leg. For five weeks only this improvement lasted, but at the end of that time she began to walk less well, gradually grew heavy and drowsy, and sank, at the end of ten days, into a semi-comatose condition, in which both pupils were dilated, but the right especially so. Convulsions then came on, accompanied by rigidity of the left limb, while the right were in violent movement. Slighter convulsions followed, in which both sides of the body were equally disturbed; but from the fourth to the sixth day there was a partial return of consciousness, which once more gradually disappeared. The right arm became permanently rigid, while automatic movements took place of the left arm, and of both legs. On the seventh day deglutition became difficult; on the ninth, impossible; and on the tenth day from the first occurrence of coma death took place.

The cerebral convolutions were flattened, and arachnoid on the convexity of the brain was granular, and much fluid escaped on removing the brain. There was abundant effusion of blood beneath the arachnoid at the base of the brain, covering both surfaces of the medulla oblongata, reaching as

far forward as the optic commissure, and downwards, though slightly on the posterior surface of the cord as far as the fourth cervical vertebra. There was a softened tubercle of the size of a pea at the posterior part of the right hemisphere of the cerebellum, and there were five masses of tubercle in the substance of the left optic thalamus, but no softening nor other appreciable change in the cerebral substance about the deposit. Tubercle, but to no considerable extent, was present in the lungs and bronchial glands.

In this instance, irregular, almost choreic, movements were for some months the only evidence of the grave cerebral disease which, advancing all the time, at length destroyed the patient. But even they might serve to excite suspicion. They were all the time limited to one side of the body, while chorea seldom continues so restricted, though one side only may be at first attacked. The drawing of the head towards the left side, and afterwards the paralysis, even though temporary, of the right portio dura, pointed to some abiding irritation of the brain, and served to raise the suspicion that the symptoms were of a graver import than at first seemed likely, if one looked merely to the apparently good health and the perfect happiness of the little child.

It would not be difficult to illustrate this subject further by a detail of more cases, but time warns me to desist. And what may you hope to have learnt from this lecture? It has been a sad one, I confess, for it has consisted of a series of examples of the imperfection of our knowledge, of the fallacies to which we are liable, of the way in which the most remediless diseases may for a time be unsuspected. It would, indeed, have added much to the interest, much to the value of the lecture, if I could have given an explanation of each of the variations from the ordinary course of disease, have shown how the nature of the appearances after death fully accounted for the absence of this symptom in one case, of that in another. But I cannot. There is, no doubt, a reason for all these discrepancies; and a grand motive for devoting yourselves to the scientific investigation of disease is the hope that you may discover some pathological principles which will clear up much that is obscure and solve many of our at present insoluble enigmas. Pray remember, however, that the value of an ascertained fact is not lessened because we cannot account for it. It remains to warn and guide us, though it may stand isolated, and though it may remain for years still far distant to bring it into due relation to other facts with which at present we cannot see its connection.

But to the rightly-constituted mind, a lecture such as this is sad, chiefly because it adds nothing to your means of cure. It may make you more acute to spy out the evil, it leaves you as helpless as ever to devise the remedy. It is even so; but may not this teach us the lesson of humility we all need? The novice can tell of many facts of which the expert can supply no explanation, and the power to heal halts sadly behind the ability to discover the disease. And thus, indeed, we all have to practice medicine; to exercise an art in which we are sure of being in every instance eventually foiled, foiled by the dread sentence of irrevocable death. But we are appointed to console as well as to cure; to bind up the broken heart even when we cannot heal its wounds. To see by more acute perception the end even from the beginning; to know the thick darkness which will follow, what to less instructed eyes may seem but a passing cloud, fits us for the one office even when we cannot exercise the other. The perfection of Divine foreknowledge is associated with a tenderness far more than human, and it was just because He knew all, that He, the Great Physician, pitied all. In this example, the lesson which I have tried to help you to learn to-day finds its highest significance, and its widest application.

HOSPITAL NOTES AND GLEANINGS.

Radical Cure of Varicocele.—A patient, labouring under a very aggravated form of varicocele, was brought into the theatre of King's College Hospital, on the 9th of February last. It appeared that he had suffered for a considerable time from pain in the part, and in the loins. The testicle upon the affected side was evidently wasted; but the most remarkable feature in the case was the great distance that it hung below the other on the opposite side. The testicle on this (the left) side was so pendulous and loose, that when the patient lay on the operating table it hung over towards the outside of his left thigh. Mr. Henry Lee proceeded

to operate in a way somewhat different from that in which the operation has been usually conducted. Having introduced a thin needle between the vas deferens and the enlarged veins, a figure-of 8 ligature was passed over the ends of the needle, and the bunch of veins was thus compressed. The same proceeding was repeated at the lower part of the scrotum. In each case a piece of thin leather was placed under the thread to prevent any pain that the pressure on the skin might occasion. A considerable extent of the skin of the scrotum and of the enlarged veins beneath it were thus included between the two needles, and the circulation in these parts in a great measure obstructed. A thin knife was then introduced about midway between the two needles, and between the vas deferens and the enlarged veins The knife was directed upwards, so as to divide the integument near the upper needle. A second incision was made to pass downward, so as to divide the skin near the lower needle. A wedge-shaped portion of tissue —skin, enlarged veins, and all—was thus removed, and a very considerable interval was left. Some extremities of divided veins, and some cellular tissue, were removed with scissors, and a clean surface left. It was remarked, that although such an extensive surface was exposed in so vascular a part, yet no hemorrhage followed; this, in fact, was completely controlled by the acu pressure of the needles. The needles were now drawn together and maintained in position, and thus approximated the edges of the wound, which was then dressed by a piece of dry lint, and the patient sent to bed.

Mr. Henry Lee remarked that cases of pendulous testicle, as they present themselves in practice, may be divided into three classes: 1, those in which the skin and subjacent tissues are relaxed; 2, those in which the veins alone are enlarged; and 3, those in which both skin and veins are relaxed and enlarged. The first may be remedied by the removal of a portion of the integuments only; the process of cicatrization braces up the surrounding parts, and the evil is thus remedied. In the second class of cases the obliteration of the veins is requisite, and this may be done by subcutaneous section, without any wound in the skin beyond that which is required to admit the thinnest knife. But in the third class, where the skin is much relaxed, the simple obliteration of the veins will not remedy the pendulous condition of the testes. In such instances Mr. Lee recommended an operation similar to that which he had now performed—namely, the removal of a portion of the skin, together with the subjacent enlarged veins. The acupressure of the needles he considered sufficient to insure the patient against hemorrhage on the one hand, and any absorption through the veins on the other. The operation, therefore, although apparently a formidable one, was, he believed, free from danger.

The patient in the above case, we understand, left the hospital at the end of three weeks, and continued to present himself occasionally as an out-patient. The wound cicatrized very firmly, the enlarged veins were completely closed, and the testicle retained very much in its natural position; the testis also, which had been wasted before the operation, regained its normal size. —*Lancet*, June 22, 1861.

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Excision of the Knee-Joint—Recovery with a False Joint and Useful Limb.—On Saturday, May 18, a young woman was brought into the operating theatre of King's College Hospital, whose knee-joint Mr. Fergusson had excised five years ago. For this operation she was admitted January 16, 1856. The disease had begun about two years before, by an injury. She was for a time able to get about on it, but for several months before admission she had been in bed. The excision was performed on March 1, 1856. The patella was not removed, as it was only superficially affected; it was scraped and then replaced. The disease was found to be very extensive, especially of the tibia; and after removing two slices from that bone, Mr. Fergusson removed also a quantity of dead bone by the scoop. The recovery was for a time rather sluggish, but ultimately she got quite well, and was able to attend to her household duties, suffering no inconvenience whatever; she could easily stand on the leg, and could run upstairs or jump off a chair as if she had had no disease and no operation. Up to within five months her health had been quite good. The great feature of interest in this case was, that there was considerable mobility of the joint, which remained to the present time, and which Mr. Fergusson demonstrated to those present. It was the first case Mr. Fergusson had seen in which this

had happened. It put an end to the "factious opposition of persons who knew nothing on the subject, and yet declared that no good result could be obtained unless anchylosis occurred, and that this was so rare, that the operation must therefore be considered unadvisable." Since seeing the good result of this case, he (Mr. Fergusson) had been indifferent as to whether the result was osseous or fibrous union.

Mr. Fergusson added that he was now about to operate for disease in the locality of the new joint, but quite unconnected with it. All the parts connected with the first operation were quite sound. She was of a highly strumous habit, and was therefore liable to fresh outbreaks of disease, etc. There was strumous suppuration in the cellular tissue about the upper part of the leg; but after freely exposing the parts, only one small piece of diseased bone, the size of a fourpenny-piece, could be found. From the sinuses a quantity of tenacious strumous matter was removed. Mr. Fergusson believed it was very desirable to remove this, as it acted as a sort of plug, preventing healing. A small piece of bone was picked away from the front surface of the tibia.—*Med. Times and Gaz.*, June 8, 1861.

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Dislocation of the Patella Upwards.—E. C., aged 12 years, a stout, but unhealthy-looking boy, was admitted into Westminster Hospital, 4th April, 1861, under Mr. Holthouse, for lameness and weakness of the right leg, the knee-joint of which was swollen, and the skin over it of an unhealthy dusky-red colour. On examination of the joint, obscure fluctuation was felt; but the swelling appeared to be caused more by a thickened condition of the synovial membrane and skin than by the fluid within the joint, the quantity of which was evidently small. The most remarkable feature of the case, however, was the displacement of the patella, which, instead of occupying its normal position in front of the joint, was drawn up above it, its lower margin being fairly above the articular surface of the condyles of the femur; and lower than this no tractive force could bring it. No rudiment of the ligamentum patellæ could be discovered, either in connection with this bone or with the tibia.

The history of the case was the following: A year and a half ago the boy was playing at leap-frog, when he fell on his right-knee (the rupture of the ligamentum patellæ probably taking place at that moment), and hurt himself so much that he was unable to rise, and was carried to bed. The following morning he got up with difficulty, and went down stairs, supporting himself by the banisters, but was unable to go about, and sat all day with the leg up on another chair. The knee at this time was much inflamed and very painful, and leeches and fomentations were prescribed with benefit. In about a week he was able to go about a little, walking, however, very lame, and having "a lump above the knee," which, he says, has never gone down. No means have been used for restoring this lump, which is the dislocated patella, to its normal position.

The treatment of the case while in the Westminster Hospital was limited to subduing the inflammation of the knee-joint. A splint was applied at the back of the leg, and linseed-meal poultices to the joint in front. He was discharged in about a month, improved as regards the local inflammation, but of course still lame and unable to bear much weight on the limb, or to run, or even to walk quickly, without the support of a slightly-curved splint in the ham and a bandage.—*Lancet*, July 6, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

A New Anæsthetic. Kerosolene.—Dr. Bowditch, recently presented to the Boston Society for Medical Improvement, from Mr. Merrill, a liquid bearing the above name, supposed to possess anæsthetic properties. Dr. Bigelow has furnished to the *Boston Med. and Surg. Journ.* (July 11, 1861), the following account of the result of his experience thus far with it.

"This fluid presents remarkable properties. It is tasteless as water, volatile and inflammable as ether, though burning with a dense white light; of a faint chloroform odour, which, as it evaporates, changes to that of coal tar, and then disappears absolutely and altogether; so that a handkerchief saturated with the fluid has, at the end of a few minutes, when dry, no odour at all, nor has the room or atmosphere where it has been used, any trace of its presence. Both ether and chloroform leave, in differ-

ent degrees, a persistent, *fade* and stale aroma after evaporation, as is well known. They are also far less agreeable to inhale than this new agent, which has thus an obvious advantage over either of them.

"A few whiffs were sufficient assurance of its efficacy as an anæsthetic, which, with its other qualities, as I ventured to remark, would place the kerosolene beyond any known anæsthetic, provided its use was not followed by headache, vertigo, or other unpleasant symptoms, and provided it should prove as free from danger as ether.

"Subsequently, I inhaled the new vapour, which Dr. Hodges at my request administered. Complete insensibility supervened, lasting several minutes, with some diminution of the volume of the pulse. Its effect was wholly agreeable, leaving neither headache nor nausea, nor bad taste.

"I have this morning administered it to three surgical patients. The first, a girl of 19, presented some hysteric tendencies, having thrust some twenty needles in her leg, was wholly insensible during the extraction of four of those which remained. Yet there was more cough than I had expected from the wholly unirritating odour of the vapour, more muscular rigor than usual in favourable anæsthesia, and more intermittence of the pulse.

"In a second patient, to whom it was given preparatory to an operation upon the face, insensibility was equally complete. But this woman did not take it kindly, and its complete effect was attended by so feeble and intermittent a pulse as to lead me to desist until she had recovered. A second attempt reproduced, with anæsthesia, the feeble and intermittent pulse, and I again desisted. Upon her recovery, I gave her common ether vapour, which she afterwards said was less agreeable, but which was followed by complete insensibility, the pulse beating steadily and full, at 76. Though this patient perhaps succumbed more readily to a third anæsthesia, there seemed to be in the two first trials a certain degree of purple colour and asphyxia, with its attendant spasm, which I have elsewhere described as an occasional and disagreeable symptom of attempted anæsthesia. To guard against this asphyxia, which might possibly have resulted from the folded towel, upon which I habitually administer ether, I tried in the next case an open sponge. The subject required a considerable incision for a mammary abscess, and was a patient of Dr. H. G. Clark, with whose assent I tried the kerosolene. In spite of the open sponge, the symptoms of asphyxia again appeared, suggesting to Dr. Clark before operating their resemblance to those resulting from charcoal gas. The colour was livid, and the rigidity marked. In each of these cases, the quantity used was from one to two ounces.

"In conclusion, it may be remarked of these three cases, that they are insufficient for satisfactory demonstration, and that their common and unfavourable symptoms may well have been but a coincidence; yet they suggest some caution in the use of the kerosolene vapour. It is probably more potent than that of ether, requires a free admixture of air, and may produce upon the system some impression or influence, other than that of the mere intoxication attendant upon the use of ether. In awaiting further evidence, it may be considered established that kerosolene is an anæsthetic of undoubted efficiency, and that it possesses certain remarkable and attractive properties peculiar to itself."

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Clifton Hall.—At a meeting of several members of the Medical Profession of Philadelphia, held by invitation, on Saturday 13th inst. at Clifton Hall, the private asylum instituted and superintended by Dr. Given, they were so much pleased with the ample and convenient arrangements and the attractive and healthful location, that they determined to give a formal expression to their sense of the great value of the undertaking of Dr. Given, and of the gratifying success which has thus far attended his management in establishing and conducting it.

Dr. Jno. B. Biddle having been called to the chair and Dr. E. Hartshorne appointed Secretary, the following preamble and resolutions were unanimously adopted and ordered to be printed in such a manner as might be deemed best.

Whereas: We in common with many of our medical associates, are fully convinced of the importance of a private establishment for the treatment of mental disorders, and have long felt the want in our city of just such a one as we here see around us,

Resolved, That we have watched the progress of Dr. Given's enterprise with very

great interest, and now take much pleasure in congratulating him and the whole community upon its successful inauguration and promising condition as evinced by the appearance of the house and grounds and by the favourable results of the last year's operations exhibited in the Annual Report.

Resolved, That in expressing our unqualified approval of properly conducted private asylums, we are gratified to be able to recommend Clifton Hall as combining all the requisites for the safe and efficient treatment of patients suffering from mental disorders, and as therefore commending itself to the attention and active interest of the medical profession.

Resolved, That we tender our cordial thanks to Dr. Given for the handsome manner in which he has enabled us to become acquainted by personal observation with the material advantages of Clifton Hall as a desirable retreat for the insane, as well as for the social opportunity which he has so pleasantly afforded us of uniting in a tribute to the intelligent philanthropy which is evidently the ruling spirit of his excellent establishment.

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Quackery.—One of that class of charlatans who disregard all palpable forms of deception, and at once appeal directly to man's love of the marvellous, is just now turning the heads and rifling the pockets of the chronics and cripples of New York. He discards all remedies, and relies entirely upon the touch of his inspired fingers. He is very devout, and is, of course, anxious to use this divine power for the good of his fellows. His door is besieged alike by the poor and the rich, who find ready admittance. Although he has practised his art for several weeks, there is no marked diminution in the number of the incurables, and still the public furor continues unabated, fanned by the daily papers. Such credulity and actual stupidity as are manifested by those who become dupes of this impostor, are humiliating to witness.—*American Med. Times*, July 20, 1861.

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Malpractice and Deception by a Quack.—A case was recently tried in an interior town, in which the defendant, a quack, was charged with malpractice, in the treatment of disease of the uterus. It was alleged that he was accustomed to diagnose a tumour of the uterus in every case, and that on the first examination he would contrive to introduce, unobserved, a piece of raw meat. He then began to make local applications, and in due time, after much offensive discharge, and no little discomfort, the offending substance would escape, to the great relief of the sufferer. In this case the patient was struck with the resemblance of the tumour to a piece of meat, and took it to a physician, who submitted it to a microscopical examination, when its nature was discovered. The result of the trial was a verdict of $1,000 against the defendant.—*Ibid.*

FOREIGN INTELLIGENCE.

Death of a Physician from Inhalation of Chloroform.—Dr. MAILLY has just fallen a victim, at Mauritius, to his desire, not only to inhale chloroform, but to administer it himself. It appears that the deceased (who was greatly distinguished at Paris during his pupilage, and had lately settled at Mauritius) was seized with violent toothache, and requested a dentist to remove the decayed tooth. He insisted on taking chloroform, and applied it to his own mouth by means of a handkerchief, although the operator wished for the presence of a professional brother. Upon a sign being given, the extraction was quickly performed, and the patient moved his head abruptly. Convulsive agitation immediately set in; it soon became very violent; and the unfortunate man expired in spite of the means used to prevent such a melancholy occurrence.—*Lancet*, July 6, 1861.

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An Epidemic of Jaundice in Italy.—M. Martin gives an account of an epidemic of essential jaundice which he had the opportunity of observing among the artillery and engineers of the French army stationed at Pavia during the Italian war. It commenced during the great heats of August, and terminated by the end of October. There occurred 71 cases in an effective force of 1022 men. The causes he considers to have been the unusual heat, which gave rise to great congestion of the liver, the fatigue of long marches (the mounted men suffering oftener in proportion than the unmounted), indulgence in alcoholic drinks, and marsh miasmata. Great increase in the size of the liver in most of the cases, and of the spleen in

many, was observed, and all complained of pain in the epigastrium and in the hypochondria. In fact, this last was the first symptom of the approaching jaundice. None of the cases proved fatal. Professor San-Galli informed the author that a similar epidemic prevailed in the town of Pavia at the same time, and that he had met with several cases of cirrhosis of the liver.—*Ibid.*, from *Recueil de Mém. de Méd. Milit.*, vol. iii.

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Subnitrate of Bismuth as an Injection in Acute Gonorrhœa.—Dr. Mouslon, a French military surgeon, as the result of numerous trials, confirms the good account given by M. Caby of the efficacy of this treatment. He mixes twenty parts of well washed bismuth—if not well washed the acid which remains may give rise to irritation—in 200 parts of distilled water, causing as much to be taken up as possible. Some of this is thrown into and retained for ten minutes in the urethra, a local emollient bath being first employed. In only the severest cases is the patient obliged to maintain absolute rest for four or five days, after which he is enabled to return to his ordinary habits and diet. The cure, indeed, takes place more quickly under the use of this agent than that of any other. In chronic gonorrhœa success is less marked, and astringent injections may afterwards be required; while in confirmed and obstinate gleet, occurring in a broken constitution, the bismuth is of no use. M. Mouslon appends to his communication an account of a mode of treating painful chordee which he has found very successful. It consists in desiring the patient to sleep on the belly, having first fixed the penis by means of a piece of linen in the fold of the left or right groin.—*Ibid.*

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Homœopathy.—The following remarks, extracted from an editorial in the *London Med. Gaz.* (May 4th, 1861), in regard to the application of a homœopathic practitioner for the appointment of Physician to Addenbrooke's Hospital, present some views relating to the homœopathic dogma which cannot be too extensively known.

"We need scarcely say that we hope Dr. Bayes will be defeated, and we desire to state plainly the reasons on which we, as representatives of the medical profession, ground our opposition to him. It certainly is not from any love of a supposed orthodoxy, or from repugnance to anything new or strange in doctrine or practice. Medicine has no dogmas except such as are the result of every-day experience, and these are undergoing a daily process of sifting, rejection, alteration, and addition, to suit the daily increase of our knowledge of facts, and of our power of framing such theories as shall embrace those facts. Medicine is a purely sceptical, inquiring, doubting, revolutionary art; it has neither veneration nor love of precedent; and our own times have seen, and daily see, our own body attacking any established doctrine whatever without the slightest compunction. In fact, innovation and progress are the order of the day; and there is not one of us not willing to give up what we think or what we do, so soon as it can be shown that we can think more truthfully, or act with greater benefit to our patients. Among other novelties, homœopathy, at its first introduction, was regarded with considerable favour. The apparent simplicity of its theory, and the striking nature of the one or two facts which were popularly adduced as proofs or illustrations (such as the use of purgatives in curing diarrhœa), really caused it to be received very indulgently; so that the entire theory was carefully studied, and the remedies carefully tried in health as well as in disease, by many of the ablest practitioners of the day; and we will undertake to say, that there is scarcely a member of the medical profession who has not from time to time made experiments on himself and others, in order to test the alleged virtues, whether pathogenetic or curative, of medicines both in ordinary doses, and in that state of minute subdivision in which the homœopathic practitioners allege their virtues to be specially developed.

We should be quite as willing to give the decillionth of a grain of opium as we are a dose of castor oil, provided it would do the work we want it to do. Medicine uses all remedies from every source. It is quite absurd to accuse us of prejudice against new remedies, or new forms or doses of remedies, whilst we are seeking them from every country under heaven, and daily experimenting upon them. But examination soon shows, in the first place, that the fundamental facts of homœopathy are not to be relied on. Medicines do not act pathogenetically; that is, they have not the power, in some doses, of exciting in the human

body the symptoms which they relieve in other doses. Mercury does not cause syphilis, nor does quinine cause ague. But mercury does habitually, if given to excess, cause stomatitis, which mercury cannot cure, and quinine a ringing in the ears which no dose of quinine can relieve. The doctrine *similia similibus* is seen here to be a fallacy. Because some medicines sometimes produce certain symptoms under certain conditions, there is absolutely no reason for concluding that they can cure those symptoms under any condition. Besides, the homœopathic allegations prove too much. If their doctrine be true, no disease can ever be relieved by medicine in ordinary doses. Then the observations made by Dr. Bayes, in 1854, on the power of gallic acid in checking hemorrhage would be false. Does gallic acid cause or cure bleeding? If it cause bleeding, his patient must have gone on bleeding under the large doses administered; or else if gallic acid in large doses checks bleeding, then it ought in small doses (such as we get in tea, for example) to cause bleeding, and all persons who take any astringent matter ought to bleed. The homœopathic dogmas as to the virtues of inert substances in minute division, and of the distinction between medicines and aliments, and of the absolute interference of any medicine with any symptom, are contravened by the fact that the carbon and silica and chalk which we imbibe in small doses in London air, do not create the symptoms ascribed to those substances when minutely divided; and that if they did, no other medicine, homœopathic or other, could take any effect whatever in London. Again, it is shown that homœopathic medicines are utterly incompetent to produce the effects required in daily life (such as those, for example, which may be caused with certainty by castor oil); and that the only homœopathic remedy of any notoriety is a concentrated solution of camphor, which has acquired some repute in cholera, but which has no claim to homœopathic action, and is not given in homœopathic doses. Besides, homœopathic practitioners, when ill themselves, or when their patients are really ill, do not scruple to resort to common medicines, which, if their theory be true, would aggravate all the symptoms.

So we oppose the appointment of any homœopathic practitioner on the ground that he is necessarily committed to a certain barren dogma, which admits of no modification; he is not a free man; he has embraced a certain creed, which, if honest, he must take with all its consequences. *We* are free. We repudiate *allopathy*, and *heteropathy*, *antipathy*, and all such absurd words. We study Nature with open eyes. The homœopath comes in fetters. We oppose it further because homœopathy has never added one fact to our knowledge of pathology, nor one remedy to our Materia Medica—it is, as a system, "dynamic" and mystical, whereas medicine is material and rational—it is indissolubly connected with animal magnetism and other sciences of the imagination—it is overloaded with fanciful dogmas, such as the origin of chronic disease in suppressed itch—it is eminently repugnant to the healthy progress of the human mind, and futile as a means of relieving human suffering.

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A Lady among the Students.—[We extract the following sensible article from a very recent No. (July 6, 1861) of the *Lancet*.]

"The apple of discord is to be cast into our hospitals. A lady—*teterrima causa belli*—has penetrated to the core of our hospital system, and is determined to effect a permanent lodgment. The advanced guard of the Amazonian army which has so often threatened our ranks, on paper, has already carried the outposts and entered the camp. A lady, of admirable purpose and highly to be respected for her excellent bearing, has advanced so far as to have taken courses of Materia Medica and Chemistry at the school of the Middlesex Hospital. It is understood that this lady has also applied for cards of admission to the courses of Anatomy, Physiology, and other winter lectures and demonstrations. How should this fair intruder be received? Is she to be welcomed as on all other occasions we should welcome a lady, and desire to aid a woman aiming to benefit her sex not less than herself? Or should we resist the charge of parasols, and run the risk of 'taking our quietus with a bare bodkin?' What has already occurred may afford some guide for our conduct. The practical inconveniences, the improprieties, and the anomalies attending the introduction of ladies amongst the classes of male medical students have been so strongly felt, that the students at Middlesex Hospital have revolted against the inno-

vation, and petitioned the lecturers against permitting its continuance. The majority of these gentlemen concurred in the feeling of the students, and the further desired privileges have not been accorded. We all know how far enthusiasm may blind the eyes of those whom it influences; and this lady may be pardoned for being led to overlook the extreme inconvenience of her position, although so palpable to others. It is possible that, under the influence of a purely scientific and theoretic impulse, she might attend, with steeled and modest indifference, courses of lectures in which organs and functions are habitually demonstrated and discussed, such as cannot, in the opinion of the students and lecturers, or in our opinion, be prudently exposed in the presence of a mixed audience. It is only an evidence of this perfect abstraction and scientific earnestness that this lady is able calmly to go through the manipulations of sounding for stone in the male bladder; and it is probable that she might voluntarily pass through ordeals of a yet more trying nature with an equally successful impassibility. We repeat that a universal feeling of respect prevails for the character, intentions, and demeanour of this lady. But even with these advantages, and while invested with the peculiar sanctity which guards her as an apostle and in some sense a martyr in behalf of her weaker sex, of whom she seeks to vindicate the rights, her presence gives rise to incidents necessarily painful to others; and the success of her attempt, if it popularized the movement, could not fail to be yet more compromising. She is perfectly in earnest, and clearly insensible to the unpleasant feelings which her presence must arouse; for, undaunted by her failure at Middlesex Hospital, and by the rejection of her offer to endow the school with £2000 as a foundation for a female medical scholarship, she has made application at other hospitals. Her present appeal is, we believe, to Westminster Hospital. But the same principle is obviously involved, wherever the question is to be carried. We do not apprehend that the lecturers and students at Westminster Hospital are likely to differ in opinion from those of the Middlesex. When all that can be said in favour has been heard, there will remain the unalterable sense of impropriety in mingling young women with young men in classes destined to hear and see daily sights, descriptions, and explanations which cannot be endured by men in the presence of women, without a violation of all the relations of sex which are essential to the well-being of our social system, as at present framed. It is not our intention to discuss the question of the advisability of educating women for the medical profession. We have already expressed a negative opinion, based upon present conditions and natural endowments, not less than upon the experience of ages. But, however opinions may differ upon that point, we anticipate an almost unanimous condemnation of the effort to introduce young women into the classes of medical students at our hospitals."

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Obituary Record.—Died, in London, June 13th, 1861, of confluent smallpox, Henry Gray, F. R. S., at the early age of 36. Mr. Gray was the Lecturer of Anatomy at St. George's Hospital. He is well known in this country through his valuable "Descriptive and Surgical Anatomy," and through his prize dissertation "On the Structure and Use of the Spleen." In his death our science has sustained a severe loss.

—— on the 11th of June, Benjamin Phillips, F. R. C. S., F. R. S., &c., aged 56, formerly Surgeon and Lecturer on Surgery at the Westminster Hospital. Dr. P. was a most accomplished surgeon, an admirable lecturer, and much esteemed for his private virtues. A bright prospect of fame and usefulness was opening before him when his health failed, and he was obliged consequently about eight years ago to retire from the active duties of the profession. He was the author of a valuable work on scrofula, a treatise on fractures, which obtained the Jacksonian Prize, a treatise on strictures of the urethra, of several valuable papers published in the Transactions of the Royal Medical and Chirurgical Society, &c.

—— recently, at Weimar, of apoplexy, Dr. Robert Froriep, well known as professor at Jena and Berlin, and as a large contributor to periodical literature.

—— recently, very suddenly, while apparently in the most robust health, it is supposed from the rupture of a large vessel of the heart, Dr. Rilliet, of Geneva, well known by his valuable and classical work "On the Diseases of Children," written in connection with Dr. Barthez.

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CLINICS.

LECTURE.

Lecture on Cerebral Symptoms independent of Cerebral Disease.—Delivered at the Hospital for Sick Children, Jan. 26, 1861. By CHARLES WEST, M. D., Physician to the Hospital.

GENTLEMEN: When, last year, my colleagues and I had the honour to give a few lectures in this place on some of the ailments peculiarly incidental to early life, I called the attention of those who were present to cases of by no means rare occurrence in which disturbance of the functions of the nervous system was likely to raise an unfounded apprehension of the existence of cerebral disease.

I then passed in review three different classes of cases in which temporary disorder of the brain either attended the onset of fever, or accompanied the progress of acute inflammation of the thoracic viscera, or was associated with diarrhœa, dysentery, or some other acute affection of the digestive organs.

From want of time, however, I was compelled to leave unnoticed that large and important class in which, during the course of various chronic ailments, symptoms of disturbance of the nervous system give rise to needless apprehension lest they should betoken serious disease of the brain.

It is to these that I propose calling attention to-day; and, if there be among my audience, as perhaps there may, some who have for years been engaged in practice, I must entreat them to bear with me if I tell them nothing more than they have already been taught by their own experience. I could wish, indeed, for no higher commendation, for no more conclusive proof of the usefulness of what I may endeavour to teach to the junior members of our profession,

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than that my compeers and my seniors should have already found it all out for themselves.

The first set of conditions in which I have observed anxiety excited among non-professional persons, and occasionally among medical practitioners also, is when marked impairment of the intellectual powers, or marked alteration in the disposition, follows on convalescence from some serious illness, such illness having usually been of a febrile character, and probably having been typhoid fever more frequently than any other disorder.

Now, with reference to all these cases, it must be borne in mind that the younger the child, and the humbler its acquirements before the attack, the more far reaching will be the apparent results of any such illness. The disorder that befell the child who had not yet learned to speak, will postpone the attempt for months. It will reduce the little prattler, who had used its newly-acquired powers for a few months, to silence for several weeks, while it will manifest its effects in the older child by taciturnity, apathy, and indifference to its ordinary pursuits.

These effects are far more striking in the child than in the adult, not only because a similar impression produces a far deeper influence on the more fragile than on the stronger being, but also because the processes of growth and development, complete in the adult, are still in progress in the child, and after their interruption by disease, provident Nature cares first for the essential—the repair of the body—and does not till afterwards expend her energies in restoring the vigour of the mind.

Moreover, I remember no instance in which typhoid fever, or any other disease of which cerebral disturbance has not constituted a main feature, has been followed by permanent enfeebling of the mind, or by the development of disease of the brain, save indirectly by the production of tuberculosis and the subsequent supervention of tubercular hydrocephalus. It is, then, towards this point that attention should be mainly directed, and if the general nutrition is carried on well, no temporary dulling of the mind, no waywardness of the temper need make you falter in your assurance that time will set all right again.

At various epochs of development, symptoms not unfrequently appear which excite apprehension of cerebral disease, such symptoms consisting chiefly in altered disposition, in intellectual dulness, in irritable temper; but we shall, I think, usually interpret their meaning rightly by observing two things. They are moral and intellectual, much more than physical, in their nature, and they either coincide with, or follow, some definite stage of bodily development, such as the second dentition, or, in after age, the first efforts at pubescence, while, moreover, they are too variable, both in kind and degree, to tally with the indications of any definite organic disease of the brain itself.

Similar symptoms occur sometimes as the result of overtasking of the mental powers; and this not always by work excessive in itself, but excessive with reference to the then condition of the child, who may at one time be unequal to the amount of work which, a few months before, it was able easily to accomplish. The nature of the child's studies, too, sometimes overtasks its powers even more than the number of hours devoted to them, and, in such circumstances, the mere altering their nature, even though unaccompanied with any diminution in the time occupied by them, will often suffice to set matters completely right.

It is usually in connection with the development of the system which accompanies the second dentition that we meet with the severe neuralgic headaches of dyspeptic children. The history of such cases is usually something of the following kind: A child, whose general health has never been robust, whose nutrition is but imperfect, whose bowels are sluggish, and liver inactive, has occasional attacks of pain in the head; the pain is, for the most part, referred to the forehead, is attended with some intolerance of light, with sense of sickness, and, in some instances, with vomiting. It is usually very severe, so that the child seeks for perfect quiet, for a darkened room, and often asks to go to bed, where the attacks often subside after a short sleep, in the course of a few hours, though sometimes it is not until after a night's rest that they pass away completely. On the day after an attack, however, the child seems in his usual health, though slight over-excitement, over-fatigue, or mental effort will reproduce the pain, as will any error in diet, or want of attention to the state of the bowels. Independently, too, of any exciting cause, the attacks are apt to come on spon-

taneously every fortnight or three weeks, and their frequent recurrence at length excites the apprehension of the relatives of the patient, who cannot believe but that such frequent returns of severe suffering must needs imply the existence of formidable disease.

It is not easy to say how long, in any instance, these symptoms may continue. They are obviously dependent on the state of the general health, with the improvement of which they diminish or altogether disappear. The period of their most common occurrence seems to point to some connection between them, and the general state of the system which accompanies the evolution of the teeth; but they do not seem dependent, as some convulsive affections of infancy and childhood appear to be on the local irritation of one or two teeth in particular, ceasing as they pierce the gum. If I were to seek for an analogy, I should find it rather in that condition of the general health which in the girl at puberty accompanies the difficult and tardy development of the menstrual function, and which improves when that process is complete, and the function fully and regularly established. In confirmation of this view, I may add, that while in the boy it is very unusual to observe this headache occur at the period of puberty, in the female sex the same kind of suffering not seldom recurs at that epoch, and sometimes, as we all know, continues in the woman even during the whole time of sexual activity, each recurring menstrual period being attended by intense headache, with much gastric disorder, though perhaps with little uterine pain, sometimes, indeed, with no pain at all referred to the sexual organs.

Pain in the head, accompanied with more or less intolerance of light, sickness, and constipation, are, as I scarcely need remind you, the symptoms that ordinarily usher in tubercular hydrocephalus; and though the knowledge of the public is inaccurate, they yet have a vague notion that such as these are the ordinary accompaniments of water on the brain, and they will come to you for a solution of their doubts, and a relief of their apprehensions. Now, I confess that, in many instances, the off hand answer which is most desired is impossible; while, unluckily, there is no infallible criterion by which the caution suggested by wise observation can be distinguished from the hesitation of untaught inexperience. Anyhow, it is worth while to have impressed on your mind the fact that the symptoms I have just enumerated do not *always* have so grave an import as commonly belongs to them, and that it is worth while to pause in every case before assigning to them their most untoward meaning.

These symptoms are for the most part observed a little later in life than the age at which tubercular hydrocephalus is most frequent, and they usually coincide with the progress of the second dentition. Further, although they are generally observed in children whose digestion has been liable to frequent disorder, and who are comparatively ill-nourished, the headaches are not preceded by that progressive loss of flesh or deterioration of the general health, which, in many cases, though confessedly by no means in all, precedes the development of acute hydrocephalus. Moreover, it will often be found that the headaches have continued to recur at intervals for weeks or months before the patient came under your notice, and that yet no progressive deterioration has been taking place in the child's condition, that the headaches are not more intense, that no fresh symptom of cerebral disorder has supervened; but that such as they were months before, such they continue still. The attacks of headache themselves present some characters by which they may be distinguished from those whose import is more formidable. They are not attended with any remarkable increase of heat of head, nor with any marked pulsation of the carotids. The pulse, though quickened, is rarely unequal or irregular; the bowels, though constipated, answer comparatively readily to aperients; actual vomiting is unusual, and the nausea even rarely outlasts the seizure. Stimulants, too, not unfrequently relieve the pain, instead of aggravating it, and though excitement or over fatigue may have brought on the attack, yet a tale that interests or arouses the child, or any occurrence which brings to it much pleasure, often dissipates the pain completely; while, moreover, the spirits in the intervals become as buoyant as ever, and continue so until the next attack, a marked contrast to the anxiety and depression which often precede for weeks or months the onset of the acute stage of tubercular hydrocephalus.

Pure neuralgia, like the neuralgic headache of the adult, though less common than this sick headache, if so I may term it, is

yet sufficiently frequent to need being borne in mind, when the question arises as to the import of symptoms supposed to indicate cerebral disease. The headache in these cases is usually frontal, and care is therefore the more necessary, since there is no doubt but that continued frontal headache is a very frequent accompaniment of organic disease of the brain, and especially of tubercle of that organ. The severity of the pain, the suddenness of its onset, the completeness of its cessation, the fact that its recurrence for days is attended by no progressive deterioration in the patient's condition, all furnish a clue to its real nature. Moreover its supervention after exposure to malaria, and a certain ill-marked periodicity in its return, are circumstances which will serve in many instances, no less than the absence of other signs of disease of the brain to guard against, too hasty, or too positive an expression of an unfavourable prognosis.

There is besides another large class of cases, in which the occurrence, not merely of vague indications of cerebral disorder, but of violent convulsive attacks, excites alarm, proportionate rather to the formidable nature of the symptoms, than to the importance of the cause on which they really depend.

One of the most remarkable instances of this class which I have ever met with, was furnished by a little girl, 6½ years old, who suffered much from ascarides, on account of which she came under my care on September 16, some years ago. She had benefited somewhat by aperient and other treatment, when on the evening of October 7 she complained of pain in the chest; and at eleven in the evening, having then been some hours in bed, she was seized with a fit, which did not entirely cease till two o'clock the next morning, when she fell asleep, and awoke apparently well about seven o'clock. At nine a second fit occurred, which lasted till eleven; and from that time till the afternoon of the eleventh, fits continued to recur, having at no time a longer interval between them than six hours.

The fits were not quite like ordinary epilepsy; they began with slight rolling of the eyes, and twitching of the mouth, to which succeeded very rapid movements of the throat as if in efforts at deglutition, and these movements became soon accompanied by a sound somewhat between that of a sob and a hiccough, and not unlike the sob of a hysterical patient. During this time the pupils became dilated, the pulse feeble, and the child partially insensible, but she never became absolutely so, and complete consciousness returned long before the spasmodic movements ceased, or the convulsive sound in the throat subsided; the child when asked if she was in pain, pointing to her throat. Very active purgation, during which a large quantity of ascarides was expelled, was followed by the cessation of the convulsive attacks; but for nearly thirty-six hours afterwards, the child complained of pain in the throat, and swallowed difficultly and with a sort of convulsive effort.

Now, how formidable soever the symptoms of disorders of the nervous system may be, it is a rule, subject, I think, to but very few exceptions, that the more anomalous such symptoms are, the greater is the probability of their depending not on grave organic disease, but on some excentric and generally removable source of irritation. In infancy we are so aware of this fact, that when convulsions occur, our first impulse always is to seek in some excentric disturbance for their occasion. I think, however, that we are too apt to forget that this peculiar susceptibility continues, to a great degree, through all the years of childhood.

In the case just related, the presence of a large quantity of ascarides produced a succession of violent convulsions, which ceased permanently on their complete expulsion. Sometimes, however, the irritation occasioned by the existence of worms in the intestines has more of an intermittent character coinciding with the movements of the parasite, and subsiding for a time on the expulsion of a lumbricus, or the returning quiescence of the tape-worm.

A little boy, 7½ years old, nervous, excitable, ill-managed, and liable to night-terrors, woke at four o'clock one morning, crying; the cries were soon succeeded by an attack of convulsions, which differed from an ordinary epileptic seizure, it being attended by a less profound degree of insensibility than ordinarily accompanies it. For a few weeks the child continued peculiarly excitable, wayward, and fretful, two more convulsions then occurred, soon after the last of which he voided a large lumbricus. This occurrence was followed by a marked improvement, which lasted for a few weeks. The old symptoms then returned, followed by another convulsion, and then another lum-

bricus was expelled, once more with an amelioration of the symptoms, and a second cessation of the fits. Whether the improvement was permanent, or whether the former symptoms returned, I cannot say, as I lost sight of the patient, but enough has been told of the child's history, to show the connection between the intestinal irritation produced by the worms, and the violent disturbance of the nervous system.

Though I have given these illustrations of nervous symptoms dependent on the presence of worms, and it would not be difficult to add to their number, it yet is not out of place to caution you against assuming the presence of worms merely because such an assumption furnishes you with the readiest clue to the meaning of certain symptoms of cerebral disorder which you do not find it easy at once to account for. I have seen the early stages of acute hydrocephalus referred to worms, just as I have seen the indisposition which ushered in typhus fever referred to them, without the slightest evidence of their existence, but out of mere mental indolence on the part of the practitioner which indisposed him from careful observation or thoughtful consideration, and led him to take up with the hypothesis which served most readily to relieve him from the task of watching and reflection.

When symptoms of cerebral disorder depend on the presence of worms, there has almost always been ample evidence of their existence before the nervous system became gravely disturbed by them. In the few exceptions to this rule it may be asserted almost positively that their appearance will follow nearly at once on the cerebral disorder which awakens our anxiety and the alarm of our patient's friends. Moreover, the observation I have just made as to the influence which the anomalous character of symptoms fairly suggests, may be borne in mind in all doubtful cases with much advantage; and the question deliberately propounded to yourselves, "Of what definite disorder of the brain or nervous system are these symptoms; or in what respects are they anomalous and discrepant?" will often save you from many grave errors and many useless regrets.

We are all so familiar with the occurrence of convulsions during the first dentition, that in infancy the risk is rather of the grave disease to which they are possibly due being overlooked, than of the influence of teething in their production being underrated. On the other hand, the occasional share of the second dentition in exciting epileptic or other convulsive seizures is too little borne in mind, and a graver prognosis than the event justifies is sometimes expressed in consequence.

In a little work on Dentition[1], published some years ago by my friend and former colleague, Dr. Ashburner, there are many cases related illustrative of this fact. Of these I will select the following:—

"A boy, twelve years of age, was cutting the second or posterior permanent molars of the upper jaw before those of the lower, and the process was accompanied by twitchings of various parts of the body. At last he became affected with chorea. Being a very nervous lad, if any notice were taken of him, he would quite involuntarily make the most extraordinary faces, and contort his body into various attitudes that appeared to be most difficult and painful. This chorea continued for three months, during which time a variety of medicines were swallowed. At last he fell into an epileptic fit, struggling much, foaming at the mouth, and grinding the teeth. I thrust my fore finger along the inside of his cheek, and found a hard, cartilaginous space on each side, behind his first molar tooth. I succeeded in gashing these parts. He uttered a scream and fell out of his fit, becoming quite sensible, nor had he a recurrence of his chorea."

So sudden and complete a cessation of symptoms on the removal of the mechanical irritation produced by the pressure of a tooth is decidedly an unusual occurrence. In by far the greater number of instances, the symptoms of disorder in the nervous system do not admit of being cut short thus suddenly and decisively; they depend not simply on the local irritation produced by one particular tooth, but, like the headaches which I spoke of at the commencement of this lecture, they are the result of the disturbance of the nervous system, to which the whole process of development has given rise, just as, in later life, the hysteria of the young woman is connected with the imperfect accomplishment of the sexual function, and is not removed by a single occurrence of menstruation.

To this class of cases may be referred

[1] On Dentition, etc. 12mo. London, 1834, p. 97.

the history of a boy between eleven and twelve years old, whom I saw some years ago. While, apparently, in good health he was attacked by a fit one morning, in which his head was drawn to the right side. His face was distorted, especially its right side, and his right arm was in much more violent movement than his left. This fit was not preceded nor followed by sleepiness or headache, nor was it attended by any loss of consciousness, and the same characters were observed in all his subsequent seizures except one, which—the third in order of occurrence—was followed by temporary delirium for five or ten minutes. With the exception of the first and third of these attacks, all the others ceased in a minute, and the instant the spasmodic movements subsided, the boy resumed his former occupation, as if nothing had happened. Only once did more than one seizure take place in the course of twenty-four hours; but the intervals between two attacks were very irregular; sometimes eight days had passed without an attack, while, at other times, they recurred daily for three days; and, altogether, between the beginning of July and the end of December, more than fifty occurred, with no alteration of their character or increase in their severity, while neither the boys' health nor his intellect appeared to have suffered in any respect from the affection. One point observed with reference to them—which, I may add, is often noticed in cases of epilepsy—was, that they almost invariably happened soon after rising in the morning, generally between the hours of seven and nine o'clock.

At first, he was actively purged, but with no effect; he then took the valerianate of zinc likewise fruitlessly; and then, as he was cutting the second molar tooth in the right side of the upper jaw, and as there was much tenderness of the gum over it, the gum was freely lanced, and all treatment was suspended. No amendment followed this measure, and the boy was, therefore, put for a time on the nitrate of silver, but with no results.

The idea which had been entertained of the possible connection of the attacks with the process of dentition appeared to me still to be the most probable, and for the following reasons: That, in spite of the continuance of the attacks, there had been no such deterioration in the boy's condition as might have been expected if they had been dependent on cerebral disease; that no impairment of powers over the affected side had followed the attacks, while such an occurrence would have inevitably occurred if the attacks had been dependent on tumour or tubercle in the brain; that headache was completely absent, and all the general functions were perfectly well performed; while, further, the anomalous character of the attacks themselves seemed still further to point to some excentric source of irritation.

On looking into the boy's mouth, the teeth in the upper jaw were observed to be very crowded and overlapping each other; the first molar on the left side was decayed, the second molar was still beneath the gum. I advised the extraction of the decayed tooth, and lancing the gum over the second molar, while all medical treatment besides should be discontinued. Before these measures were adopted, the boy had six consecutive attacks in the course of one day; two of them being very severe, and attended like ordinary epilepsy, with loss of consciousness. The extraction of the decayed tooth was followed by immediate diminution in the convulsive attacks, both in point of frequency and severity, and the improvement lasted for nearly two months. The second molar tooth was then partly through the gum, when a succession of seizures, some of them accompanied with loss of consciousness, once more took place. Free lancing of the gum was succeeded, as before, by immediate improvement, and not only so, but the tooth being now quite through the gum, all spasmodic movements of the arm ceased, and occasional slight twitchings of the face were the only relics of symptoms which had seemed so formidable.

One caution, which this case suggests, I cannot forbear to offer, although it is not immediately connected with the subject of this lecture. It relates to the possibility of attacks of this nature, and still more of those of a more decidedly epileptic character, becoming permanent as the mere result of frequent recurrence, and this quite independently of the existence of any organic mischief in the brain. Thus, I have seen instances in which the convulsions that originated in whooping-cough, have outlasted the disease that occasioned them, and the fits which at first were due to some error in diet, reproduced again and again by similar though perhaps smaller indiscretions

in the same respects, until they became at length habitual. Each fit, too, leaves the child more predisposed to its occurrence, and from slighter and still slighter causes; so that never is the old Latin adage, *Obsta principiis*, more important than in the case of the convulsive diseases of early life.

In the majority of cases of chorea no diagnostic difficulty arises; the irregular movements of the limbs, the strange grimaces and gesticulations, sufficiently characterize the disease. Now and then, however, though the movements of the limbs are very slight, or partial, the speech is much affected, and the child, partly, perhaps, in consequence of the difficulty in communicating its ideas, becomes dull, low-spirited, and apparently sullen, and apprehensions are thus excited lest these unusual symptoms should betoken disease of the brain.

A boy, aged 8½ years, whose health had always been delicate, though he had suffered from no special illness, seemed feebler than usual when he returned from school for his Christmas holidays, and his mother's anxiety was excited all the more with reference to his indisposition from the circumstance that his father had died of consumption. In the course of a fortnight from his return home, it was noticed that power over his right hand was much impaired, and three days after, power over his right leg failed also, and his speech became at the same time much affected. The speech grew rapidly more and more unintelligible, the boy stumbled when walking, and occasionally fell, and there were slight twitchings of the muscles of the right arm and leg, though these were at no time remarkable, and the face was never distorted. With the progress of these symptoms, too, the boy, never very quick, had become peculiarly dull and apathetic, so that it was not to be wondered at if the attention of his friends became fixed on those symptoms which were of the graveat import, and were apprehensive lest they should betoken disease of the brain.

Close inquiry, however, elicited facts that seemed to warrant the more hopeful view which the event of the case fully justified. There was no complaint of headache, there had been no sickness; the pulse, though feeble, was not at all irregular; the tongue was protruded straight; the pupils were equally dilated, and equally susceptible to the influence of light; the movements, which ceased completely during sleep, were unaccompanied by any rigidity or contraction of the muscles of the affected limbs, and close observation discovered that though extremely slight on the left side, the irregular movements did affect both sides of the body. In a week or two more the affection of the left side became quite as marked as that of the right, deglutition, too, as well as speech, became affected, and the anomalous symptoms merged into those characteristic of an ordinary attack of somewhat severe chorea, from which under general tonic treatment the boy recovered, the brightening of his mind preceding, as I have seen it do in other instances, the amendment of the purely choreic symptoms.

I have seen, two or three times, a peculiar spasmodic affection in children which, though I believe it to be of no serious moment, yet has attracted attention, and excited anxiety by its singularity. It consists in the extremely frequent occurrence of involuntary sighing respiration: the child, who seems otherwise in tolerable health, and who follows his usual occupations and amusements, though listlessly and languidly, fetching a deep sigh almost every second or third inspiration, with a most painful and depressing monotomy. All day long the sighing continues, ceasing, indeed, at night when sleep is undisturbed, but beginning again in the morning. No external condition appears to check, or indeed much to modify it; it is usually worse when the child has been long without food, but eating does not put a stop to it, and the child sighs, as if most woe-begone, between each few mouthfuls that he takes. Once I saw the sighing followed by a causeless attack of difficult breathing similar to the nervous dyspnœa of a hysterical patient, but usually from beginning to end the sighing continues the only symptom of illness. The attack comes on gradually, and subsides in the same manner. In the instances which I have seen, however, it did not continue for much above ten days with such distinctness as to force itself upon observation, but abated by degrees under the employment of mild tonics, and of attention to the digestion, which usually is more or less disordered.

I have never seen it associated with other symptoms pointing to disorder of the brain,

nor have I known it issue in any graver ailment, but its singularity has excited fears which perhaps this mention of it may serve to allay.

I must not close this lecture without some reference to a very important class of cases, to which, indeed, I hope on a future occasion to call your special attention, where the loss of power over some of the muscles raises the suspicion that the brain is the seat of serious disease. In the adult, we are familiar with the occasional occurrence of partial paralysis, especially of fascial palsy, independently of cerebral disease. We can therefore the more readily understand how a similar occurrence may take place in the more sensitive and delicate frame of the child without any abiding disease of the nervous centres. Those slow processes of disorganization which, affecting the brain, in the adult produce palsy, sometimes of one part, sometimes of another, so that we look on the impaired power of movement as the attendant commonly on some grave disease, and the harbinger of its fatal issue, are of extreme rarity in the child. Tumours, almost invariably tuberculous, within the brain, or disease of the spinal column extending from without inwards, until by its advance the cord itself becomes implicated, are almost the only conditions in which paralysis in childhood depends upon mischief seated in the nervous centres. In the young, the loss of power is indeed uncertain in its issue, as far as the complete recovery of the patient is concerned; it is grievous in its results, for it often leads to permanent deformity; but it is very rarely that it need excite apprehension with reference to life, or health, or intellectual power. In the grown person, the import of paralysis is commonly of the gravest kind, subject, indeed, to exceptions, of which fascial paralysis furnishes the most frequent illustration. We are bound, indeed, to scrutinize each case most carefully; but in the grown person, our inquiry commonly resembles that which the Judge puts to the condemned criminal when he asks him whether he has anything to say why sentence of death should not be passed upon him. In the child, care, too, is needed not to overlook some peculiarity in the case which may attach to the loss of power a worse than its wonted significance; but yet you will do well to remember that life is very rarely threatened by paralysis in early life; that organic disease is the rare exception, not the ordinary occurrence. It will save you much useless anxiety, and your patient's friends much needless sorrow.

And now, gentlemen, I have done for to-day—a short lecture of fragments of imperfect knowledge, gleaned here and there from an occasional success—oftener still from mistake and failure. Bits of cases, seen once or twice or three times, rarely watched from their beginning to their end, such are the materials out of which a medical experience is formed. Scant materials and an unskilled workman, and so there is formed but an unsightly structure. It is one, however, which, well or ill, each must rear separately for himself, and can in the building appropriate comparatively little of the labours of his predecessors. And yet the large quantity of materials which this Hospital affords remains still, after the lapse of nine years, almost unworked. My colleagues and I may tell something of what we believe that we have learned; but our wish, and the wish of the founders of this Hospital is, that some of the younger members of our Profession would come here and learn more and learn better for themselves. We promise you that in the endeavour no help which we can give shall be wanting.

HOSPITAL NOTES AND GLEANINGS.

Rare and Anomalous Affections of the Nervous System.—Diseases of the nervous system often manifest themselves in what we might almost call so curious a manner, that, in the present state of physiology, the record of them seems more like collecting curiosities than illustrating practice. We must, however, remember that affections—for instance, cases of circus-movement—which, being so rare, were necessarily little studied, and yet so extraordinary that they forcibly claimed attention, have, by the advance of physiology, been made out to depend on definite lesions of certain parts of the nervous system, so that, by experiment, we can produce in animals the phenomena of disease. The writer lately saw a patient, a man, aged 33, under the care of Dr. Kitching, of York, who when placed in the middle of a room would at once begin to turn from right to left, the heel of the left foot being the pivot, and remaining in the same position. He is insane. When led back to his couch, he knelt before it, bury-

ing his head in his hands. His mental defect rendered it very difficult to ascertain the facts of the case very clearly. He says he "is told to do it," which probably is the only language or idea into which his insane mind can translate the necessity under which he feels that he labours. This case will, we believe, be fully reported in this journal.

We recorded, a few months ago, a case under the care of Dr. Brown-Séquard, in which a man being apparently otherwise healthy, applied in order to obtain relief from a constant tendency of his lower jaw to fall, except when he was either talking or eating. Dr. Brown-Séquard mentioned the case of a patient who would now and then involuntarily clasp his hands over his chest.

The following is a case the interpretation of which would, at one time, have presented great difficulties. A man was admitted under the care of Dr. Brown-Séquard who had an accident twenty years before, by which he injured the cervical spine. He had had ever since considerable loss of motor power and hyperæsthesia on the left, and anæsthesia on the right side of the body, the face excepted. A short time ago a patient whose case is somewhat similar, but in whom the paralysis has followed injury by a knife in the cervical region, attended Dr. Brown-Séquard's practice. In this case the various symptoms due to lesions of one lateral half of the cord were most prominently exhibited. On Monday last we saw another case of extreme rarity, *i.e.*, recovery after apoplexy into the spinal cord. The man says that, many years ago, he fell down suddenly insensible, and when he recovered consciousness, about half an hour afterwards, he found that the whole of his body was completely paralyzed, both as to sensation and motion, except above a line drawn round the neck from about the level of the second cervical vertebra. He has gradually recovered, but there still remains sufficient defect of sensation and motor power to confirm his statement of his condition after the fit. We hope to be able to place the details of these interesting cases before our readers.

A patient applied at the Royal London Ophthalmic Hospital lately for paralysis of the third nerve and frontal branch of the ophthalmic division of the fifth nerve. He said that he had frequently a tendency to laugh without cause: he could with difficulty restrain himself, and was in the habit of putting his hand over his mouth to do so. Dr. Paget, of Cambridge, has recorded a case in which, among many other anomalous symptoms, frequent bursts of unmeaning laughter was a complication of epilepsy. At a late visit to the Hospital for the Epileptic and Paralyzed, we saw a patient of Dr. Ramskill's of whose case the following are brief particulars: a young man, aged 18, of good general health, had a spasmodic drawing in of the fingers and thumb of his left hand, especially when his attention was directed to it, his thumb being firmly contracted on his palm. There was no choreic movement of the rest of the arm. There was no paralysis, and the muscles of the forearm, both extensors and flexors, were very strongly developed, much more so than on the healthy side. It is probably a case analogous to what is called "writers' palsy," or properly, spasm.

On December 1, 1860, we recorded a case from Dr. Brown-Séquard's practice. A man, aged 33, was unable to write, from spasmodic flexion of the thumb. In this case the thumb only was at fault, but at one time the whole of the hand had been affected, just as is now the case in Dr Ramskill's patient. In both the cases there is a history of former disease of the nervous system. Dr. Ramskill's patient, when very young, had paralysis of the left side of the body, following some kind of fit. He, however, recovered, with the exception of the spasmodic closure of the hand, and that the left leg was not quite so "good" as the right. He appeared, however, to walk well, and his general health was very good.—*Med. Times and Gaz.*, Aug. 3, 1861.

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Hæmatoma situated over the Symphysis Pubis, attributed to Pressure.—Mr. Paget, in his work on Tumours, under the name of hæmatoma, describes a sanguineous cyst, characterized by the presence of fluid blood, generally altered in character, and occurring about the neck, the anterior part of the thigh, the leg, the shoulder, and the pubes. An example in the last-named situation is on the eve of discharge from the above hospital, of which the following is a brief history:—

George D——, aged thirty-three, a farrier by occupation, was admitted Feb. 18 h, 1861. On Dec. 26th. 1860, he felt some pain over the pubes, and observed that he had a swelling there, which almost incapacitated him from work. He is in the habit, in the pur-

suance of his avocation, of having a horse's leg between his own, and commonly there is much pressure exercised against the pubic symphysis, and occasionally he receives some smart blows there during the struggling efforts of the horse at the time of being shod. On his admission, the nature of the tumour seemed doubtful; it had a sort of semi-fluctuating feel, and in some respects simulated malignancy. Mr. Erichsen made a puncture in it at the latter end of April, and found that the tumour was a cyst containing nothing but coagulated blood. This did not suppurate, but gradually became absorbed; by the 1st of May it had wholly disappeared, and the patient was shortly after discharged quite well.

He was readmitted on the 5th of July, not for the pubic tumour, but for pain in the pubes, shooting backwards through the body, and running down the thigh. There was a little fulness in the situation of the old sanguineous cyst, but this was now attributable to some thickening of the areolar structures, the result no doubt, of the continued pressure sustained in his vocation. A few days' rest and quiet, without any special treatment, have removed the pains complained of, and he is about to be discharged a second time from the hospital.

The formation of these sanguineous cysts, according to Mr. Paget, occurs in three ways: by hemorrhage into a previously existing cyst, by the transformation of a nævus, and by the obliteration of a vein, which becomes dilated into a cyst. In the present instance, the formation of the hæmatoma may be attributed to either the first or the third; the first seems the more probable, for the effects of pressure may have caused a bursal cyst to grow, which, by a blow or otherwise, became sanguineous. When hæmatoma attains to anything like considerable magnitude, it is very liable to be mistaken for medullary carcinoma.—*Lancet*, July 20th, 1861.

—

Tetanoid Symptoms in a Case of Aural Disease.—If the tetanoid symptoms which suddenly supervened in the following case were the consequence of an exacerbation of the aural symptoms, chronic since childhood, then it must be regarded as an almost unique example of complicated aural disease; for on looking over the records of aural surgery, we cannot find that opisthotonos has followed otitis with profuse discharge from the ears. Most probably the coexistence of the tetanoid and aural diseases was a mere coincidence. The case, however, possesses some interest from the readiness with which the opisthotonos subsided on the exhibition of purgative remedies.

For the following short notes we are indebted to Mr. Chas. J. Meyers, clinical clerk:—

John P——, aged twenty-four years, was admitted into Charing-Cross Hospital under Dr. Willshire on the night of the 28th of April, with tetanic symptoms. It appears that when a child he had an attack of scarlatina, and during its progress tenderness of and discharge from both ears occurred. The subsidence of the fever brought no relief from the aural trouble, which has continued in a chronic form until the present period, the general result being that he has been brought up almost like a deaf mute. He complains now of pain, great tenderness, and copious purulent discharge from both ears, accompanied by almost entire loss of hearing. A few hours before admission he ran wildly into the room, attempted to strangle his mother, and betrayed other symptoms of nervous derangement, which at length passed into tetanus. While in the hospital, opisthotonos continued for four hours with but little intermission. A drop of croton oil and an emetic were given; a blister also was placed upon the nape of the neck.

April 29th. The spasms have abated; but he complains of general uneasiness of the spine, especially of its cervical portion. The ears still discharge matter, and are painful. To take a pill directly, composed of a drop of croton oil, and five grains of the extract of colocynth.

30th. The spine continues painful; but he has not had any return of the tetanus. The tongue is whitish, and the bowels relaxed. To have an ounce of the nitrate of potass mixture three times a day. The head is to be shaved.

May 14th. The patient has gradually improved up to the present time, and has been able to walk out the whole of the last week. The ears are less painful; but he is as deaf as before. He left the hospital to-day.—*Ibid*, June 29.

—

Strangulated Hernia reduced by Taxis, under Chloroform.—N. D., a man, aged 64,

was admitted into Guy's Hospital on April 26, with strangulated umbilical hernia of three days' standing. He had been the subject of a hernia for fifteen years, and had worn a belt. The hernia was, however, irreducible, and when admitted was about the size of three fists, the symptoms having evidently been produced by the descent of a fresh portion of intestine. The taxis had been employed prior to his admission, and had failed. Mr. Bryant was immediately sent for, as the symptoms were most urgent, a quantity of dark coffee-ground material being constantly brought up.

Chloroform was at once given, and the patient was brought completely under its influence, when Mr. Bryant rapidly reduced the hernia by the gentlest manipulative efforts.

Upon the same day, and following in succession, a second case of strangulated hernia was treated by the same surgeon in the same manner, and with equal success. It was in the case of a man, aged 74, who had had a hernia in his right side for fourteen years, and had worn a truss until a few days previously. The bowel came down three days before admission, and had immediately become strangulated. Taxis had been tried, and had failed; and as the symptoms were urgent, Mr. Bryant's assistance was called for. When he saw the patient, a small but tense bubonocele was found in the right groin. As the taxis had been tried unsuccessfully, chloroform was at once given and when it had taken its full effect the taxis was resorted to, by which means the reduction of the hernia was accomplished by the gentlest force.

The two cases, Mr. Bryant remarks, well illustrate the value of chloroform as a primary remedial agent in strangulated hernia.—*Med. Times and Gaz.*, Aug. 3, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Ovariotomy in a Woman Seventy-five years of age.—Drs. E. P. & Wm. C. Bennett, of Danbury, Conn., record (*American Med. Times*, Aug. 10, 1861) a case of multilocular ovarian tumour in a female 75 years of age, which they have successfully treated by operation. "I made" says Dr E. P. Bennett, "as I usually do, a small incision not over two inches in length, and exposed the sac, which I punctured with a trocar, and discharged its contents. I then passed a strong thread through this portion of the sac, drew it out until another cyst presented itself, which I also proceeded to puncture, and so continued, until I emptied seven or eight sacs of considerable size, when I succeeded in drawing it all out, tied it with a double ligature, and cut it off. I closed the wound with the silver suture, and dressed in the usual manner. She has recovered without any mishap, and is now able to walk about, enjoys her food, and is in all respects comfortable and happy. The fatal error, in my opinion, in regard to this operation, consists in surgeons still continuing to make large incisions through the peritoneum, and handling too roughly the abdominal viscera.

—

List of Candidates who have passed their Examination as Assistant Surgeons in the U. S. Army, arranged in the order of merit.—The following is the relative merit roll of approved candidates examined by the Army Medical Board to July 16, inclusive:—

1. Joseph Janvier Woodward, Philadelphia.
2. Edward Swift Dunster, New York City.
3. Elias Joseph Marsh, Elizabeth, New Jersey, Third regiment New Jersey volunteers.
4. Robert Fulton Weir, New York City, Twelfth regiment volunteers.
5. Thomas Chalmers Brainard, Philadelphia.
6. Morris Joseph Asch, Philadelphia.
7. Henry Sailor Schell, Philadelphia.
8. Charles Knickerbocker Fenne, Buffalo, N. Y.
9. Joseph Engles Semple, New York City.
10. William Henry Forwood, Chester, Pa.
11. James Henry Pooley, Dobbs' Ferry, N. Y.
12. Ely McClellan, Philadelphia.
13. Charles Archibald McCall, Philadelphia.
14. Samuel Appleton Storrow, Washington, D. C.
15. John Chamberlain Clark Downing, Georgetown, D. C.
16. William Dilts Wolverton, Stockton, N. J.
17. James Forest Kennedy, Iowa.

18. John Joseph Butler, Washington.
19. Wm. Richardson Ramsey, Norristown, Pa.
20. Thomas Henry Pelsby, Baltimore, Md.
21. Albert Hartsuff, Unadilla, Mich.
22. Charles Ravencroft Greenleaf, Ohio.
23. Grove Spooner Beardsley, declined appointment, Oneida, N. Y.
24. Philip Adolphus, Baltimore, Md.
25. Andrew James Baxter, Cincinnati, Ohio.
26. Bolivar Knickerbocker, Philadelphia.
27. Lewis Mathew Eastman, Baltimore, Md.
28. Johnson Van Dyke Middleton, Baltimore, Md.
29. William Thompson, Philadelphia.

CHAS. MCDOUGALL, *Surgeon U. S. Army, President Medical Board.*

WM. J. SLOAN, *Surgeon and Recorder.*

—

Medical Appointments in the United States Army.—By a general order issued on the 20th of August, the following gentleman have been appointed Brigade Surgeons, to date from Aug. 3d, 1861.

George H. Lyman, of Massachusetts.
F. H. Hamilton, of New York.
Henry S. Hewitt, of New York.
J. H. Brinton, of Pennsylvania.
John A. Lydell, of New York.
John C. Dalton, jr., of New York.
George Suckley, of New York.
Henry Bryant, of Massachusetts.
P. W. Ellsworth, of Connecticut.
Luther V. Bell, of Massachusetts.
S. W. Gross, of Pennsylvania.
David Prince, of Illinois.
A. H. Hoff, of New York.
W. H. Church, of New York.
Joseph W. Freer, of Illinois.
Rufus H. Gilbert, of New York.
J. E. Quidor, of New Jersey.
Charles McMillin, of New York.
Charles O'Leary, of Ohio.
J. G. F. Holston, of District of Columbia.
A. B. Campbell, of Pennsylvania.
J. V. Z. Blaney, of Illinois.
Thomas Sim, of Illinois.
J. S. Bobbs, of Indiana.
Peter Pineo, of Massachusetts.
Wm. E. Waters, of District of Columbia.
O. Martin, of Massachusetts.
J. H. Banch, of Illinois.
William B. Stewart, of Indiana.
N. R. Derby, of Pennsylvania.
Daniel McRuer, of Maine.
S. R. Haven, of Illinois.
A. E. Stocker, of Pennsylvania.
J. Owen, of Pennsylvania.
W. C. Thompson, of Indiana.
James King, of Pennsylvania.
T. Rush Spencer, of New York.

Also to date from August 5th:—

J. D. Robinson, of Ohio.
William Glendennin, of Ohio.
George G. Shumard, of Ohio.

—

Medical Department of Pennsylvania College, Philadelphia.—All the members of the Faculty of this department of Pennsylvania College have resigned their chairs. The reason assigned is a disagreement between the Faculty and the Board of Trustees of the Department (controlling the College Building), in regard to the expenses of the institution, in view of the expected reduction of the medical classes during the war.

—

Buffalo Medical and Surgical Journal and Reporter.—This is the title of a new journal, the first number of which was issued last month (August). It is edited by Dr. JULIUS F. MINER, and is to appear monthly. The first number is a creditable one, and the editor evinces uncommon courage in entering upon his enterprise at such an unpropitious period.

—

The Physician's Visiting List, Diary, and Book of Engagements for 1862.—Messrs. Lindsay & Blakiston, have already issued this highly useful and convenient publication.

—

Renunciation of Homœopathy.—The following letter, addressed to the editor of the *American Medical Times*, by Dr. John C. PETERS, long the chief editor of the *North American Journal of Homœopathy*, author of several books on homœopathic practice, and the recognized leader of that school in the United States, cannot fail to attract attention. It will be perceived that the author renounces the doctrines he has hitherto professed, and deals a fatal blow at that most absurd and flimsy system of charlatanry.

"SIR: I wish to put on record in your pages, not only that I have long since resigned all connection with any and every sectarian medical society and publication,

but that I now most distinctly do not believe or practise according to any one medical dogma or exclusive system. I have repeatedly been on the point of making this declaration public in some regular medical journal, as it is well known that I have often done in private conversation and in homœopathic periodicals; but frequently the pressing demands of the sick have not left me time, and at other times I have been deterred by the urgent entreaties of friends, backed by that natural repugnance which every one has to publicly acknowledge a change of opinion.

"In simple justice to myself I will beg your indulgence to a short statement of my connection with homœopathy. When a mere schoolboy, between twelve and fourteen years of age, and now I am forty-one, I was personally under the care of an aged and accomplished physician, Dr Freytag, of Bethlehem, Penn. On my return from boarding-school to this my native city, I found many of my nearest relatives under the treatment of Drs. Gram and Gray. Thus, both in Pennsylvania and here I was early thrown in contact with many and earnest converts to homœopathy. A short time spent in a wholesale drug store opened my eyes to the immense amount of adulterated, spoiled, and poor drugs and medicines which were then and perhaps are now sold. Not a few of my dearest relatives had not been saved from agonizing death, and some were still suffering with varieties of the most distressing forms of chronic disease, which had not been averted by all the devotion and skill of many of the most accomplished physicians of the dominant school. I commenced the study of medicine under the impression and with the fervent hope that homœopathy, in its future and rational development, would supply all that was deficient in medicine; but all my natural instincts ever have been, and ever will be opposed to all bigoted exclusiveness and one-ideaism in religion, politics, science, and my much loved profession. As far as lay in my power, I have never been unmindful for a day, from the commencement of my career as a medical student and practitioner, of the numerous and brilliant advances in regular medicine which have been constantly progressing both in this country and abroad. I must say that I never have been a convert to the use of infinitesimal doses; they have been so repugnant to every fraction of common sense which I possess, that I have always felt absolutely degraded when making what I conceived to be necessary trials with them. I have always felt that I was doing something foolish or wrong when giving them; that I was dealing with quantities so minute and so powerless that it would be trifling with the lives of my friends and patients to depend upon them in serious cases, and with their time and comfort in milder attacks. I knew full well that Hahnemann had performed all his first cures with tangible doses, and had cited numerous instances from reliable medical authorities, in which apparently homœopathic cures had been effected with not unreasonably small doses. I determined to commence where he commenced, and if beaten back to the use of infinitesimal doses, would reluctantly but at the same time decidedly follow the results of my experience. I have never felt myself obliged to fall back upon infinitesimal doses; but, on the contrary, have been more and more successful in strict proportion as I gradually increased upon the very small quantities which I first used, and in proportion as I departed from a slavish adherence to one system of medicine. The reports of others, both physicians and laymen, frequently led me to make careful trials of infinitesimal doses in various cases, but never with satisfactory success; while many extraordinary instances of recovery from distress and sickness in which no medicine had been given, and numerous consultations to which I was called by homœopathic physicians, in which severe disease had gone on unchecked by these powerless agents, more and more convinced me that they were irrational and unsafe.

"A careful study of the homœopathic materia medica, early convinced me that it was very visionary and unreliable. I laboured long and zealously to do my share towards giving it a more practical and common sense shape.

"The dogma, *similia similibus curantur*, was long a stumbling-block to me; it seemed so utterly opposed to reason, that it was often with difficulty that I could force myself to practise according to it. But, many years ago, I hit upon an explanation which was, and is still, perfectly satisfactory to me. It is self-evident that, in order to cure any disease, a state *different* from that presented by the disease must be brought about; hence a curative drug must either primarily

or secondarily exert an *alterative* action; that is, if we leave mere revulsive effects out of the argument for the present. Similarity is not identity, but a similar thing, although it resembles somewhat, or even strongly, also *differs* somewhat, and even greatly. Hence, a drug which acts similar to the action of any given disease, also differs somewhat in its action, and ultimately may exert an *alterative* effect. Similarity is a hybrid consisting of a great or greater degree of resemblance, coupled with a less or lesser amount of difference; in fact, similarity may be defined as a *slight degree of difference*, quite as well as interpreting it as a great degree of resemblance. Hence, the homœopathic law *is only an apparent and fragmentary truth*, not a complete exhaustive law. It is a fragment of the great law, *differentia differentiis curantur*, seu *alterantia alterantiis curantur*, of which in its form the old established law, *contraria contrariis curantur*, is another fragment. For opposite or antagonistic things are such as *differ* in the greatest degree; while similar things are merely such as differ in the least, or a lesser degree, or in certain particulars; while in others, they may be *essentially different*. Identity excludes the idea of difference, while similarity may include only the idea of casual likeness. Upon these ideas or principles I have long thought, studied, and practised, and have gradually become more and more convinced that the homœopathic is only a partially, or even only an apparently true law; a mere fragment of the greater law of alterative antagonistic action which has been practised upon for ages.

"The immense advances which have been made in the regular school in pathological anatomy, diagnosis, microscopical and chemical investigation, in auscultation and percussion, in the use of the speculum and ophthalmoscope, and in the use of ether and chloroform, necessarily force every student of medicine to give the larger portion of his attention to the publications of the dominant school. I have long endeavoured to force these tangible, practical, and essential advances upon the attention of the homœopathic school, and laboured almost in vain to convince the fraternity that the healing art is so far from having attained a state of perfection that no school has a right wholly to despise and reject the other, and that a wholly derogatory estimation of every other method than their own is not a necessary consequence of their adherence to the latter. Hence, I must prefer the greater to the lesser truth, and however painfully and reluctantly, must endeavour to cast my lot with other friends, other theories, and other practice.

"But the homœopathists have discovered some new remedies, and renewed the use of many forgotten old ones. If consistent with the object of your periodical, at some future time I will furnish short articles on the use of ignatia, cocculus, pulsatilla, agaricus, hamamelis, cannabis sativa, euphrasia, and other remedies, simply premising that it is not at all necessary to use them in infinitesimal doses, nor always according to the homœopathic law." * * *

"Yours, &c., J. C. Peters, M. D."

FOREIGN INTELLIGENCE.

Iodine in Tubercular Meningitis.—Dr. Bourrousse, at the conclusion of a long memoir laid before the Académie de Médecine, states: 1. All, or almost all, cases of tubercular meningitis, which have resisted hitherto all therapeutical procedures may now be deemed curable. 2. One or two hundred thousand infants will owe their lives each year to the employment of iodide of potassium in acute hydrocephalus. 3. This meningeal affection is the only tubercular disease which has been rendered curable, and this success will probably lead to amendment in the mode of treating other forms of tuberculization.—*Moniteur des Sciences Méd*, No. 73.

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Arseniate of Soda in Scrofula.—Of all the various agents employed in treating scrofula, M. Bouchut has found the arseniate of soda the most efficacious and energetic. Arsenic, in fact, is one of the best of our tonics, and it is a powerful succedaneum of iron, quinine, or cod-liver oil, and for this reason it is efficacious in most organic and nervous cachexiæ when the resulting disorders have not become too considerable or too inveterate. In scrofulous cachexia it is an excellent remedy, children under its influence generally recovering their strength, colour, and appetite. But this is only an amelioration, for in cases in which it effects

a *cure* the cachectic state has not yet been attained, and the local manifestation is confined to the skin, mucous membranes, and the glands. Beyond these, in diseases of bone and in tuberculosis it is only a good palliative. In scrofulous coryza, ulceration of the skin, suppurative adenitis, otorrhœa, leucorrhœa, or perforations of the velum, the relief obtained is prompt. It may be given with quinine or in simple syrup, and M. Bouchut recommends doses of $\frac{1}{60}$ grain of arsenic to commence with, gradually augmenting the quantity.—*Ibid.*, from *Bull. de Therap.*, vol. lix.

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Formula for the Administration of Chloroform, Ether, Turpentine, Camphor, or Essential Oils.—M. Vee recommends the following as a valuable means for the equable administration of these medicinal substances: Chloroform (or any of the above), 4 parts (or less); oil of sweet almonds, 15 parts; powdered gum arabic, 10 parts; water, 100 parts; syrup, 25 parts. The chloroform is to be dissolved in the oil, and rapidly emulsified, to prevent evaporation. *Syrup of Chloroform* may be well prepared by the following formula: 10 parts by weight of chloroform are to be dissolved in 60 of oil of sweet almonds, 40 parts of gum added, and an emulsion formed with 350 parts of water. In this cold emulsion, placed in a close vessel, 540 parts of sugar are to be dissolved. It is a very stable syrup, rendering water white on admixture with it, and it contains exactly one-hundredth of its weight of chloroform.—*Med. Times and Gaz.*, June 8, from *L'Union Méd.*, No. 49.

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Re-vaccination of the Prussian Army in 1860.—During the year 1860, 69,096 individuals were either vaccinated or re-vaccinated. Of this number, 57,525 exhibited distinct cicatrices, from former vaccinations, and 7420 indistinct cicatrices, while 4151 showed no marks at all. The vaccination went through its regular course in 44,193, was irregular in 8256, and was without result in 16,647. These last, vaccinated again, gave 5577 examples of success and 11,650 failures. During the year there occurred among the above soldiers who were successfully re-vaccinated, and others who had been so in former years, six cases of varicella and one of varioloid, but no case of variola was met with. Thus, during the year 1860, of 69,096 re-vaccinations, 49,770 proved successful, *i. e.*, 72 per cent. In the entire army there occurred 44 cases of pock during 1860—viz., 17 varicella, 23 varioloid, and 4 variola. Of these, 3 of the cases of varicella, 14 of varioloid, and 3 of variola occurred in persons who had not been re-vaccinated; 8 of varicella, 8 of varioloid, and 1 of variola occurred in those who had been re-vaccinated without effect; and the remaining 7, as stated above, occurred in those who had been re-vaccinated with success. Three of the cases of variola died.—*Med. Times and Gaz.*, July 6, 1861, from *Preuss. Med. Zeitung.*, 1861, No. 13.

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Longevity in France.—The average number of persons who die annually, in France, at the age of 100 and upwards, is 148. The longevity is mostly attained in the mountainous departments; but the department of the Seine furnishes a fair share. There does not appear to be any direct relation between the number of cases of great longevity and the average duration of life in the several departments.

—

Statistics of the Blind.—There are upwards of 22,000 persons in England and Wales who are blind. Taking the whole population of Great Britain, there is about 1 blind person in every 979; in England and Wales, 1 in 979; in Scotland, 1 in 960; and in the Channel Islands and the Isle of Man, 1 in 830. It is thus seen that, in proportion, there is less blindness in England and Wales than in Scotland; and much less in Scotland than in the Channel Islands. In Ireland the proportion of blind is 1 in 864 inhabitants. In the level portions of Europe—comprising Belgium, Hanover, parts of Germany, and the plains of Lombardy and Denmark—the proportion is stated to be 1 blind in every 950 inhabitants, but slightly differing from the average of Great Britain. In elevated regions the proportion is considerably lower; but in Norway the proportion is 1 in every 423 inhabitants. In those localities in which the largest number of old men and women are living there will be found the largest proportion of blind; and an examination of the tables of the ages of the people shows that this is the case up to a certain age. The blind to 100,000 of the living at eighty years of age and upward in Hereford, is 2019; Cornwall, 3120; Devon, 2942; Dorset, 2800; Somerset, 1857; Wilts, 1705; York-

shire (West Riding), 2002.—*Lancet*, Aug. 3, 1861.

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Illegitimacy in Bavaria.—It appears from Hormann's statistics of Bavaria that during the 9 years from 1835–44, there were born 1,094,795 legitimate and 288,441 illegitimate children, that is 209 of the latter to every 1000 of the former; and that in the seven years from 1851–57, there were 210 illegitimate births in every thousand.

—

Duty of a Physician to the Public in a Case of Poisoning.—M. Tardieu, treating of this important question in Medical Deontology in his lectures on Medical Jurisprudence at the faculty, communicated to his auditors a letter written by Lamennais to Dr. Pierquin, of Montpellier: "You have done me the honour of asking my opinion on the question, 'Is a practitioner who perceives that a patient to whom he has been called has been poisoned, under the moral obligation of declaring his well-founded opinion to the authorities?' Without doubt, in many cases, a mere private person is not obliged to reveal to the authorities a crime of the certain existence of which he is aware, and sometimes charity may even render it a duty on his part to observe silence. But is this the case with the medical practitioner? On the contrary, is he not in an essentially different position! The physician is a public man, and he has special duties towards society which ensue from his very function, and he should advertise it of the crimes which he alone is in a condition to discover and bring home, otherwise these crimes, which are always amongst the most heinous, would never be known except by some extraordinary contigency, especially now when the art of poisoning has made such fearful progress, and when crime seems to have taken refuge in the bosoms of families, destroying all security of life. The confessor is compelled to secrecy for other reasons. It is almost always the criminal who comes to him, and his conscience is a sanctuary he cannot leave. But the physician who discovers that which, so far from being confessed to him, is sought to be hidden from him, has two duties to perform—one towards his patient, and the other towards society, whose minister he is on this occasion; and if, as cannot be doubted, he ought to advertise the magistrate when a disease exhibits alarming signs of contagion, how much more is he called upon to reveal that which implicates not some person only, but society itself?" The *Union Médicale*, while adhering to the above doctrine, cautions its readers that excessive care aad circumspection should be employed before making any spontaneous declaration of the kind. Mere doubts are not to be revealed, these requiring first to be converted into a settled conviction and a commencement of certainty. —*Med. Times and Gaz.*, July 6, 1861.

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Wholesale Poisoning.—Sixteen children, between the ages of 3 and 4 years, were recently poisoned at Bristol, England, by eating some nuts which were unloaded from a ship at the quay. The nuts were intended for the use of a glue manufacturer. Twelve of the children recovered, but four remained for some time in a precarious state. It appears that several children lost their lives two years ago, at the same city, in the same manner.

—

New French Ambulance.—This ambulance is an omnibus-shaped vehicle, to be drawn by two or more horses; weighing some twelve hundred pounds, but constructed in such a manner that it may be easily detached, separated in several pieces in the interior, the most important portion easily carried by several men. The interior is, when fully standing, a row of beds, carrying six or eight men with great ease, but when crowded, may be forced to transport three times that number. Each bed is a "field stretcher," or portable cot, which takes the wounded man from the field, and without any fatiguing change, places him in this portable hospital. An India-rubber bath is also attached.—*British Med. Journ.*, June 22, 1861.

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Acephalous Monster.—A monster of this kind was born at the Paris Maternity on the 19th of April last. The peculiarity consisted in a small tumour, situated on the vertex, which ended in a membranous band connected with the fœtal aspect of the placenta, and ending in a second band, which encircled and had partly amputated the left leg a little above the ankle-joint. The child, of the female sex, was born alive, and lived five hours. It had taken the breast, had expelled the meconium, and passed urine.—*Ibid.*

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SIMPSON, LECTURES ON THE DISEASES OF WOMEN, 16 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Tuberculosis, and the Evidences of the Deposit or Formation of Tubercle in the Child.—Delivered at the Hospital for Sick Children. By WILLIAM JENNER, M.D., Physician Extraordinary to the Queen, Physician to University College Hospital, and to the Hospital for Sick Children.

GENTLEMEN: Whoever desires to comprehend the diseases of infant life must view them in conjunction not only with the diseases of adult life, but also in their relation to the diseases of declining life. The pathological processes of the one period throw light on those of the other. Now, it is the consideration of some easily understood physiological or pathological condition in the child which enables us to understand the less patent disease in the aged, and then it is some easily understood pathological process in the aged which throws light on an obscure point in the diseases of the child. He, then, who would study successfully the diseases of childhood must study them as part of the great field of pathology, and not merely as a specialty. To devote time to the study of this or of that special disease in its relation to other diseases is most useful to him who studies and to those who are to profit by his studies. To study this or that disease, or set of diseases, as a mere specialist, to view them by themselves only, is to cramp your own minds, to obtain a narrow view even of the special subject—to injure yourselves mentally, and to retard the progress of scientific and even of mere practical pathology.

Before passing to the special diseased states to which I propose in this and the succeeding lectures to direct your attention, allow me briefly to review some of those

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peculiarities in the structures, the physiology, and the habits of the child which dispose it to diseases never seen in the adult, modify those common to both, make rare those frequent in after life, and exclude those we daily witness in the aged.

The body of the child is growing. The organs and functions by which the building up of the frame is performed are in full activity; they are more perfect than in after life; the power of repair in the child is marvellous. There is no degeneration of structures essential to life or to the progress of growth. Only parts which have finished their work, have contributed probably to the perfecting of other parts essential to the perfecting of the body, decay or degenerate, *e. g.*, the thymus.

I must for a moment break the thread of my discussion, to tell you what I mean by this word "degenerate," so much abused in its use. I mean by it changes of the intimate structure of tissues or organs, independent of life force. The chief degenerations of the structures of the body observed by the pathologist may be grouped under three heads: 1. Disintegration of structures, *e. g.*, granular degeneration of muscular fibres. 2. Precipitations on to or into the elementary constituents of tissues and organs, *e. g.*, calcifications of various parts. 3. Re-arrangement of chemical elements, *e. g.*, fatty degeneration.

The body of the child is growing. Hence, not only is there activity of all the building-up functions, but there is imperfect formation, and consequent imperfect performance of function of many of the parts which are being built up, *e. g.*, the bones.

Contrast this with the state in old age; not only has the body then ceased to grow, but all its parts have passed by the date of their perfection. The structures especially concerned in building up the frame are no longer needed, they have long been inactive, and inactivity of a function involves the degeneration of the structures performing it. They have then either disappeared or are degenerating prior to disappearing. The power of repair is almost *nil*, and death by old age is death by the degeneration of structures, and consequent imperfect performance of functions essential to life. It is no longer parts which have finished their building-up work which degenerate, it is those concerned in the preservation of life itself which decay. The more gradual and the more general the degeneration, the more correctly do we speak of such death as death from old age. It is rare, as you well know, for all the parts to degenerate equally and to that degree that the functions of all cease together. Usually, some one organ passes to decay more rapidly than the others, and death is said to occur from the lesions of this or of that one organ—as the old watch that has long ceased to keep time at last stops, because some one part necessary to the movements of its hands has worn a little faster than the others. All its structures are more or less decayed, but it finally ceases its work because the balance-wheel breaks, the chain gives way, the main-spring snaps.

If, now, we consider the tendency of special parts to degenerate, we find the lymphatic glands, the spleen, Peyer's patches, the solitary glands of the small intestines, all actively at work in the child. The lymphatic glands are large; the Malpighian bodies of the spleen are swollen; Peyer's patches and the solitary glands are prominent. In middle life they all begin to waste, and they go, like the thymus, when the function of building-up is done; when perfection has been reached; when life begins only to flag, and long ere we like to say old age is on us.

There is one tissue which plays so large a part in the performance of some of the functions essential to the continuance of life, and the importance of the decay of which has hitherto, it seems to me, been imperfectly appreciated, that I must for an instant direct your especial attention to it—I mean the elastic tissue.

A loss of elasticity gives its most characteristic aspect to age. Think of the smooth cheek of the child, and compare it in your mind's eye with the wrinkled skin of the aged; and remember how large a part in this difference is played by the difference in the elasticity of the skin at the two extremes of life. You know the influence which the elasticity of the coats of the arteries plays in the circulation. In the child the elasticity of the arteries is at its maximum. Bend the child's arm, and see how perfectly the brachial artery follows the changing length of the limb between the elbow and the axilla; then bend the arm of the old man, and note how the same artery is thrown into an S-shape coil—it has lost the power of retracting, and therefore

of adapting itself to the diminution of the length between the elbow and the axilla when the forearm is flexed on the upper arm.[1] Granular disintegration of its structure, precipitation of albumen and fibrin, and of calcareous granules into them, and rearrangement of their chemical elements have taken place. The one or other of these degenerations predominating in different cases, the elasticity as well as the contractility of the vessel is lost, and thus the whole of the arteries are practically lengthened;[2] friction is therefore increased, and undue impediment to the flow of blood through them is the consequence, and the enlargement of the heart, said to be proper to the aged, necessarily follows.

It is, in reference to the subjects we are reviewing, of interest to note the fact that it is common for special parts to experience the decay proper to age, not only before the period of life at which such decay is the natural course of events, but also long before other parts of the body decay. Thus, one man is old as regards his scalp—his hair is gray, or his hair-follicles have decayed and wasted so as no longer to perform any function, and the man is bald; in another it is the alveoli which waste before their time; in a third the heart and arteries; in a fourth the nervous system, etc.

This tendency of particular parts to grow old before due time, is sometimes hereditary. Early baldness, early falling of the teeth, and an early aged-look, we all know, occur in many members of the same family at about the same period of life. So, also, we see member after member of the same family cut off about the same age by apoplexy, by heart-disease, by asthmatic complaints as they are called. These diseases being the result, in fact, of degenerations occurring at or about the same period of life—the arteries, or the heart, or the lungs having been so constructed originally, as to begin to decay after so many years of ordinary wear—though care may retard, abuse hasten the decay, and so anticipate or delay the term natural to the individual. Men are old, then, physiologically considered, not when they have lived so many years, but when the structures essential to life have degenerated to a degree almost incompatible with the continuance of life.

In my Lectures given in this place last year, I contrasted the state of the nervous system, and especially the reflex nervous system, in childhood and age. I need not repeat what I then impressed on you.

Applying what I have said to the special diseases of childhood, we understand that as malformations and rickets are diseases of development and of rapid growth, they must be limited to childhood; that as the mechanical inspiratory apparatus is imperfect in the child (from the softness of ribs and cartilages), bronchitis must be very fatal to it; that from the irritability of the reflex nervous system convulsive affections of excentric origin will be common in early life; that as the lymphatic system, the glands of Peyer, the spleen, etc., are in a state of activity in childhood and youth, they will be prone at that time to certain diseases; that as syphilis, tuberculosis, and scrofulosis are the most hereditary diatheses, they will manifest themselves early; that as diseases of the arteries, veins, and heart—excluding acute inflammations and malformation and their effects—are the consequences of degenerations, they will be unknown in infancy; that hemorrhage into the brain and softening of that organ (excluding softening from acute œdema), being due in the vast majority of cases to degenerative disease of the arteries, will be infinitely rare in childhood; that as cirrhosis of the liver and kidneys and certain stomach diseases result, in the vast majority of cases, from intemperance, they will be very rare before puberty. And so we might pass in review the whole of those diseases which are proper to, unknown in, rare in, or especially mortal in early life, and trace these peculiarities of each to established physiological or pathological laws.

In the lectures which I gave in this room last year, I directed attention to one of the most widely spread of the diathetic diseases

[1] If an equal length of the artery be removed from a young and an old subject after death, and the elasticity of the two arteries tested, the difference is very remarkable, and that even when to the eye the artery of the old person appears healthy. The whole arterial system degenerates at the same time, and, consequently, the state of the brachial artery is an index to those of heart and head. I have collected many facts indicating the importance of this subject and its bearing on diseases of various organs.

[2] As in the healthy person, the length of the artery varies with the positions of the limb, and as the artery scarcely shortens when its coats are degenerated, it is, of course, practically speaking, lengthened. If the disease be extreme, then it is actually lengthened, as shown by its tortuous condition. When the limb is extended, dilatation of the artery necessarily accompanies the lengthening.

of childhood, viz., rickets. To-day, and in my succeeding lectures I propose to consider another great diathetic disease so common in, though not like rickets proper to, childhood, viz., tuberculosis.

As when describing rickets I drew altogether from my own experience, so in describing tuberculosis and its consequences, I shall draw my descriptions as little as possible from the observations of others, and shall limit myself to what I have seen. I shall have to leave out little of importance, because the large field which this hospital affords for the study of this common disease affords ample opportunities for observing all its chief general varieties and local developments. There are three words I shall so constantly use, to which such different meanings have been attached, that it will be necessary for me to explain the meaning I attribute to them.

When I say a child is tubercular, I mean that it has tubercles in one or more of the tissues or organs of its body. When I say a child is tuberculariziug, I mean that tubercles are being deposited or formed in one or more of the tissues or organs of its body. And when I say a child is the subject of tuberculosis, I mean that it is from some general state of all its parts disposed to tubercularize.

In the adult, and yet more so in the aged, occupation, exposure, mental wear, the passions, and accidental diseases, have so modified the general aspect of the man, that although much may still be learned by the practised eye, without a question to the patient, still we are often far from correct in our surmises. It is very different with the child; in reference to its diseases the eye is the great inlet of knowledge. It is so in regard of tuberculosis. The ear and the touch, the test-tube and the microscope, give us no aid in the diagnosis. We judge almost solely from inspection of the patient.

It is when tuberculosis is inherited from the parents that its characteristic features are the most strongly marked. The germ anterior to the formation of the blood, and even before it has divided into parts, is the subject of tuberculosis, and, as a consequence, the parts formed from and by that germ partake of its constitution; and we see the result, not in this or in that part, not in the blood or bones only, but in every fibre and every cell of the frame, at least in every part made up of such cells. Let me sketch for you the appearance of a child who is the subject of well-marked tuberculosis—one concerning whose predisposition to become consumptive we should have no doubt. I did so briefly in the lectures I gave here last year, when contrasting the leading features of tuberculosis, scrofulosis, rickets, and syphilis.

The child's loveliness is often the pride of the parents; they are charmed with its tall and thin figure, its straight and thin limbs, the delicacy and transparency of its skin, the clearness of its complexion, the beauty of its eyes, so bright, with so large pupils, and so long lashes, the oval contour of its face, and the silkiness of its hair; it is so forward, so intelligent, so clever. It lives rapidly, it cuts its teeth early, it talks before others, it quickly runs alone.

In the mother's and the poet's eye—and every mother is a poet when describing her child—the child is a pretty little fairy; in the physician's eye it is an interesting pathological specimen. If we examine such a child a little more closely, we find that its bones are all small in circumference, long, and singularly firm; that its cartilages are comparatively soft. We press our stethoscope on its sternum, and we are surprised to find how easily it is depressed—*i. e.*, how flexible are the cartilages. The ends of its long bones are very small, and on cutting them through vertically, we are struck by the thinness of the layer of cartilage which, in the state of preparation for ossification, instead of being, as in rickets, greatly increased, is in tuberculosis diminished. Health is intermediate. This difference is most striking in the ribs—*i. e.*, at the points where the ribs unite with the costo-sternal cartilages; in rickets, a row of nodules; in health, ditto; in tuberculosis, *nil.*

But there is another important difference between the state of the ribs in the rickety child, the healthy child, and the subject of tuberculosis—I mean the firmness of the ribs. In rickets, the softness of the ribs modifies all its chest disease in regard of symptoms and danger, and gives to the chest that remarkable form with which we are familiar. In tuberculosis, the ribs, in common with all the bones, are even firmer than in health; and the consequence is, that any diminution in the size of the lungs must be followed by a very different alteration in the shape of the thorax from that which occurs in rickets. In rickets, supposing an

impediment exists to the entrance of the air, the soft ribs are thrust in by the weight of the atmosphere, and of course recede or are driven in farthest at the part where they are the softest.

Now we may lay down this law in regard of the diseases of the lung—that all diminution in the size of one or both lungs, if not accompanied by the presence of air or fluid in the pleura, necessitates the falling in of the chest parietes; the walls of the chest follow the receding lung. In tuberculosis the lungs are small; they do not grow with the increasing length of the trunk; they are not only absolutely, but relatively to the height, small; and bear in mind that this want of size in the lungs is anterior to the deposit of tubercle. It is not the upper lobe which is especially affected—every part of the lung seems equally diminished in size; but while diminished in size absolutely and relatively, we often find its air-vesicles dilated—the lung rarified. There is no damage in texture—no loss of elasticity—only a little dilatation of air vesicles, compensating a little, and but a little, for the smallness of the organs.

I told you that the chest-walls must follow (no air or fluid being in the pleura) the receding lungs; and that little lungs necessitated a small thorax. In rickets the softness of the ribs permits of their being driven in by the weight of the atmosphere. In tuberculosis the firmness of the ribs forbids such a change. Nature here uses other methods for diminishing the capacity of the chest.

We find three forms of thorax in those who are the subjects of tuberculosis, all three consequent on the small lungs of the child. 1. The long, almost circular, thorax. 2. The long thorax with narrow antero-posterior diameter. 3. The long pigeon-breasted thorax. The key to the understanding of the two first is afforded by the thorax of the aged, who are the subjects of atrophous emphysema, or senile atrophy of the lung. As the lung diminishes in size the ribs become more oblique, and as a consequence the four upper intercostal spaces next the sternum are remarkably widened, the four lowest almost obliterated. The sixth, seventh, eighth, and ninth ribs are united at an acute angle with their cartilages—the ribs passing downwards, the cartilages upwards—to be affixed to the sternum or to cartilages above. The result of this alteration in the obliquity of the ribs is that the antero-posterior and the lateral diameters of the thorax are greatly diminished, and the diaphragm, remaining as regards its highest point at its proper level, is necessarily by the lowering of its attached margin considerably more arched than natural; while a certain number of the ribs, in some cases even the eighth, ninth, tenth, eleventh, and twelfth ribs—lie in contact over the greater part of their extent with the diaphragm—have, that is to say, no lung under them. In this way, although the thorax is much lengthened, its capacity is greatly diminished.

The cause of this form of thorax in the old person whose lungs atrophy is the almost absolute inflexibility of their outer chest walls, the result of their costal cartilages being to a great extent calcified. Then, whenever the cartilage and the ribs in the child, adult, or aged person are particularly firm and the lungs atrophy generally, the thorax obtains the form I have described; we get the long, circular thorax, with narrow but pretty equal antero-posterior, and lateral diameters, oblique ribs, wide upper intercostal space next sternum, and obliterated lowest intercostal spaces.

Now, if you have followed my line of argument, you will have already understood the cause of the difference between the flat and the circular long thorax. The difference is due to the relative softness of the cartilages in the two. If the cartilages be soft you will have the chest flattened from before backwards, as well as lengthened; and if they be very soft you will have the sternum below the level of the cartilages.[1]

The third form, viz., the long thorax with pigeon-breast, is the consequence of repeated trifling catarrhs affecting the lower lobes of the lungs of a child whose lungs generally are small. The air during the catarrh being unable to find ready access into the lower lobes of the lungs, the lower ribs are driven inwards at each descent of the diaphragm, bearing the sternum forward. The degree to which the sternum is advanced will depend on the height to which the impediment to the entrance of the air extends in the lungs, or, rather, in

1 Various functional derangements of the heart, basic murmurs, etc., result from the caging up of the heart when the antero-posterior diameter of the thorax is thus much shortened.

the bronchi. The sixth and seventh ribs have, I think, the greatest effect in advancing the sternum. If a child be constitutionally healthy and suffer repeatedly from bronchitis, we ultimately obtain the same form of thorax; for a certain amount of collapse becomes permanent, and the lower lobes of the lungs are permanently diminished in size.

How is this last form of thorax to be distinguished from the pigeon-breasted thorax of rickets? In the early stage there is no danger of confounding the two; but when the ribs have consolidated, I have often seen the one mistaken for the other. There is, however, little difficulty in distinguishing the deformity consequent on rickets from that I am now describing. In the pigeon-breast from rickets, all the ribs being softened, the deformity extends certainly as high as the second rib. In the pigeon-breast from catarrh or bronchitis, the upper part of the thorax is flattened from before backwards; it is only the lower end of the sternum which is thrust forward. The child is pigeon-breasted, but it is only pigeon-breasted at the lower part of its chest.

We often find in conjunction with this form of thorax, a knuckling forward of the cartilages just next to the sternum, the yielding cartilage being compressed between the solid rib and sternum.

I desire, then, fully to impress on you that small lungs are common in the child who is the subject of tuberculosis, and that the form of thorax which in the child indicates small lungs is one of the three I have described.

By inspection we detect these forms of thorax; the eye, then, is the great inlet of knowledge here as in reference to the general aspect of the child when seeking to determine its disposition to become tubercular. When I come to speak of the physical signs which indicate that the child is tubercularizing or even tubercular, we shall see more fully the importance of the knowledge the eye conveys to us. How often is a child and even a young adult tubercular in the most extensive degree without our being able to prove by auscultation, percussion, or palpation, that any organ or tissue is the seat of tubercle? The build of body characteristic of tuberculosis is not, however, always notable when the disposition to the deposit of tubercle is considerable; and this is to be expected, seeing that tuberculosis is admitted to be sometimes acquired after the building up of the body is nearly or quite complete. And again, when tuberculosis is inherited from one parent, the transmitted influence of the non-tubercular parent may modify the aspect of the child.

The deposit or formation of tubercle may take place slowly or rapidly. Tuberculization may therefore be acute or chronic; but I need scarcely remind you that there is no sharp line of demarcation between the acute and chronic forms of any given disease. There is no disease that occurs as an acute affection and also as a chronic affection but offers all intermediate terms of duration. Tuberculization in the child is distinguished from tuberculization in the adult by the large number of organs in which the deposit occurs at or about the same time and by the small amount of the deposit at one spot. It is this latter which makes palpation, percussion, and auscultation so often small aids in the diagnosis of tubercle, and which compels us to trust especially to a study of the general symptoms, of the conditions appreciable by the eye, and of the etiology of the disease.

Symptoms of Acute Deposit of Tubercle.—Children rarely tuberculize acutely without they inherit from one or both parents a disposition to become tubercular, or have recently been the subjects of measles or whooping-cough, or have been placed in singularly unfavourable hygienic conditions as regards air and light. With regard to these latter, they are, like errors in diet, more often merely exciting causes of tuberculization in the child already the subject of tuberculosis, than the originators of tuberculosis itself. The cases of acute tuberculization that I have seen may be grouped so as to form three varieties, which we may call the insidious, the active febrile, and the adynamic.

In the first variety the child is observed to be languid, to be unwilling to make exertion, sits or lies about, leaves its playmates, is dull and heavy or irritable in temper; the skin is hot, but the degree of heat varies much. At some parts of the day it is scarcely greater than natural; at others it is, as the mother says, burning. The thermometer shows that there is an appreciable difference in the temperature at different parts of the day and on different days. At times it is almost or quite natural; at

times it rises to 102°, and even higher. On the whole, the elevation of temperature is most marked at night. Usually when the temperature is high the cheeks, one or both, are flushed. It is the irregular feverish heat which makes the greatest impression on the mother. The pulse is always frequent, but very rapid when the temperature is high. The tongue is furred more or less, and the lips and nares dry, and often bleeding from picking. The appetite is lost or variable, and only to be excited by tasty and indigestible substances; the bowels confined or irregular; the stools more or less clay-like, or putty-like, or pale, or party-coloured and offensive. The abdomen is free from tenderness and normal in form. There is usually a trifling cough, rapid breathing, and may be the physical signs indicative of slight catarrh, or the respiratory murmur is rough, respiration more blowing than natural. From first to last the child steadily, and if the febrile disturbance be considerable, rapidly loses flesh.

All the special symptoms I have mentioned may vary in severity, and sometimes one, sometimes another gives a peculiar feature to the case. Now, the fretfulness, or headache, or drowsiness, or sleeplessness leads the practitioner to consider all the other symptoms secondary to some special intracranial disease. Now, it is the furred tongue and the deranged intestinal secretions which lead him to the erroneous conclusion that the febrile disturbance, etc., are secondary to the state of the stomach, bowels, or liver Again, it may be the catarrhal symptoms that predominate, and the disease is supposed to be a bad cold on the chest merely. The child may be ill enough only to keep the house or its room. After three, four, five, or six weeks even, the disease terminates in one of two ways, either some one organ becomes so gravely affected as to cause death with symptoms unequivocally referable to that, or the child recovers.

If the child dies we find after death, in addition to the lesion which caused death, gray granulations scattered through the lungs, the liver, the spleen, the kidneys, under the pleuræ and peritoneum, and gray and yellow tubercles in the lymphatic glands, especially the bronchial and mesenteric. Note that I tell you that gray as well as yellow are found in the lymphatic glands. You will find it stated generally in books that gray tubercles are not found in the lymphatic glands. This is indisputably an error. They are common enough in the interior of all the lymphatic glands.

Suppose the child to recover, what was the condition of its organs?—undoubtedly they too were the seat of tubercle. An acute deposit of tubercle is constantly recovered from. It is by no means a necessarily fatal disease; nay, I feel satisfied that recovery from it is very common. The foundation for a belief in the possibility of recovery from an attack of acute tuberculization rests mainly on anatomico-pathological ground, or on these superadded to the history of the patient.

After death we every now and then find scattered through the lungs solid nodules, varying in size from a swan-shot to a large pea, and may be even larger. On section we find the centre formed of a hard, tough, almost black airless substance; about the margin of this we may find a number of small gray granulations, each surrounded by black pigment loaded tissue; and then again, perhaps, outside these transparent gray granulations free from pigment, and evidently deposited during the last illness of the patient. The centre of such a nodule is formed of obsolescent tubercle, the layer around of tubercles becoming obsolescent. The patient has manifestly had three attacks of acute tuberculization, from two of which he had recovered, for obsolescence is evidence of recovery, and in the third of which he has died. The bronchial glands, etc., in many cases give equally valuable and trustworthy evidence of recovery from acute tuberculization.

With reference to diagnosis in these cases, it rests mainly on the irregular febrile disturbance, *i. e.*, the high but variable temperature lasting for some time, and the steady loss of flesh, with the absence of any evidence of local lesion of a grave kind. The gravity of the case is constantly, even by the experienced practitioner, unappreciated till some one organ is suddenly so severely affected as to place life in the greatest danger.

I will sketch for you a case that occurred long ago in my own practice, and made an impression on me not to be forgotten. The patient was five years of age, and the child of a medical man. The child had recently suffered from an attack of measles, from which it had recovered quickly, but had soon seemed ill again. She lost her appe-

tite, and sat about listlessly, neglecting her toys, not all day, but only playing with them occasionally, and then with little spirit. Her brothers and sisters worried her. She was taken out of doors; was thought by her mother and myself, even at that time, to want routing. Routing did not answer, and she was noticed to flush in the face and be feverish at night. Now I observed her tongue was loaded, and learned that she had been coaxed with tasty, indigestible food; so I said, "It is all error of diet." The diet was regulated, but the child did not improve. On going in one day, and seeing the child look brighter, more lively, and its skin cool, I said, "Jenny is better to-day." "Oh no, I assure you," was the reply; "she seemed as well yesterday afternoon, and then all last night she was in a burning fever." I examined the stools; they were fetid, dark, and too solid. "Yes, it is no wonder that with such a state of secretion the child is feverish at night," I said: "A dose of gray powder and jalap will put all right." But it did not put all right. The excreta were improved; the diet was all that could be desired; and then I began to think, is not the mother making more of the ailment than it deserves? And so one, two, three weeks wore on, when a sudden attack of convulsions occurred, and in three or four days the child was dead from tubercular meningitis. Every organ in the body was found, after death, to be the seat of a recent deposit of gray granulations.

In the active febrile form of acute tuberculization the febrile symptoms are more decided from the outset, and the patient at an early period is confined to bed. In the third or adynamic form of acute tuberculization, the illness begins somewhat suddenly, after at least a trifling sense of malaise of a few days' duration. The symptoms are chilliness, hot skin, frequent pulse, moist furred tongue, headache, loss of appetite, confined bowels, vomiting, considerable sense of weakness, great unwillingness to be disturbed, with irritability of temper. After a week or ten days, the mind wanders occasionally. The bowels are usually confined, and the abdomen flat or concave. Now and then, however, the stools are relaxed, and the belly swollen. The skin continues hot, dry, and harsh; the tongue becomes dry and brown; sordes collect about the teeth; prostration is extreme; and the patient sinks about three or four weeks after the outset of the disease.—*Med. Times and Gaz.*, July 6, 1861.

HOSPITAL NOTES AND GLEANINGS.

Aneurism of the Temporal Artery; Cure by Compression.—As usually seen, aneurisms of the temporal artery originate in wounds produced by cupping. Mr. Erichsen has met with two cases of the kind, in which the disease was readily cured by laying the tumour open, turning out its contents, and tying the artery on each side of it.

Aneurism will sometimes follow in cases wherein this artery has been opened for the purpose of bloodletting, and injuries to the vessel are known to give rise to it. On the 1st instant we learnt of an instance of the latter in the person of one of the pupils of the above hospital, who was struck in the temple by a stone, which was followed by an aneurism. The treatment pursued, as we were informed, was exceedingly simple; it consisted of the occasional pressure of the proximal end of the vessel with the finger, whilst the subject of it was engaged in his studies, and the result has been the slow consolidation of the sac. This is a most convenient method of cure in this situation, as it obviates the necessity of inflicting a wound for the purpose of tying the vessel on either side of the tumour.—*Lancet*, August 10, 1861.

Paraplegia occurring in young Children induced by Exposure to Wet and Cold.—In three cases of this affection which occurred in the Metropolitan Free Hospital, the disease was apparently produced by prolonged exposure to cold, the depressing effects of which were heightened by combination with moisture. The ages of the patients were respectively five, six, and ten years. As the cause, symptoms, treatment, and result were almost identical in all the cases, it will be sufficient to refer at length to one case only, for which we will avail ourselves of Dr. Smith's notes.

"E. T——, aged ten years, was placed under my care, at the City Dispensary, upon the 22d of January, 1861. The child was carried in its mother's arms, as he was totally unable to walk. The lower extremities presented a wasted, shrunken appearance, thus offering a striking contrast to the trunk and upper extremities, which were

plump and well developed. Upon inquiry into the case, I learned that the patient enjoyed excellent health until about six weeks previously, and that he had never suffered from any severe illness. Shortly before Christmas, the boy's father, who was then living at a distance of about twelve miles in the country, removed to London, with a view to obtaining permanent employment; and as his scanty means did not permit of his travelling otherwise than on foot, he, with his wife and three children, walked up to town. The weather was of a most unfavourable character, and the boy who came subsequently under my treatment was obliged to walk all the way through the snow and sleet, as his parents were fully burdened with various packages and the two younger children, who were carried in turns by the father, and who escaped any bad effects from the exposure beyond slight bronchial disorder. The patient complained of a sense of numbness and lassitude towards the end of the journey, and was seized, a few hours afterwards, with violent shivering, which was followed by an attack of convulsions. On regaining sensibility, he was very giddy, and vomited excessively. He was kept in bed for ten days, at the end of which period he appeared sufficiently recovered to admit of his getting up again. It was then noticed for the first time that he was unable to set his feet firmly to the ground, and that he could not stand or walk without assistance. This condition was attributed by his friends to weakness only, but as it gradually became more marked, and incontinence of urine, with occasional involuntary discharge of feces, came on, they eventually had recourse to medical advice.

"*Jan.* 22. The sensory and motor functions are entirely wanting in the lower extremities; no deviation from a healthy condition is observable in other parts of the body. There are no symptoms of cerebral disorder; but upon percussion of the spine in its whole length, a considerable amount of tenderness was detected by firm pressure at the upper part of the lumbar region; no perceptible difference could be noticed, however, upon ocular inspection. The patient was directed to have a small blister applied immediately over the seat of the tenderness; to take, every four hours, five minims each of the tincture of cantharides and of the muriated tincture of iron, in six drachms of the infusion of quassia; and, as the action of the bowels was irregular, a powder, consisting of rhubarb and jalap, with a few grains of ginger to obviate griping; a stimulating liniment (containing half an ounce each of tincture of cantharides and oil of turpentine, and two ounces of camphor liniment) to be rubbed several times daily into the paralyzed limbs. To have beef-tea and other nourishment, and a small quantity of port wine.

"29*th*. The tenderness about the spine is not of so marked a character; a slight degree of sensation has returned, and the patient said yesterday that the embrocation 'pricked' him; there is no alteration in the motor functions: the bowels act regularly, and the incontinence of urine has disappeared. To apply a fresh blister to the spine, and to continue the medicine every six hours, and the liniment as before, the tincture of cantharides being omitted.

"*Feb.* 5. The sensation is now partially restored, and the motor power is so much improved, that, with a little assistance, the boy can walk a few yards, dragging his right leg after him in an awkward manner.

"15*th*. The patient is rapidly getting better. He was ordered to have a tepid hip-bath night and morning, friction with the compound soap liniment being occasionally resorted to; to omit the cantharides from the mixture, and to increase the quantity of the tincture of the sesquichloride of iron to ten minims.

"26*th*. The boy can now stand alone, but is still unable to walk without help. Cold affusion was directed to be substituted for the tepid bathing; the mixture to be discontinued, and a drachm of the syrup of the iodide of iron to be given thrice daily in a little water.

"*March* 12. Convalescence is now satisfactorily established. From this date a continuous improvement took place, and when last seen, about the end of April, he was as healthy and vigorous as most boys at his age."

Lengthened comment upon this case is unnecessary. The circumstances connected with the boy's falling ill, coupled with the negative fact that the two younger children, who were to a certain extent protected from the depressing influence of the cold and wet, did not suffer in a similar manner, point clearly to the cause of the affection. It ought perhaps to be mentioned

that in the other cases referred to, Dr. Smith employed strychnia in suitable doses. Instead, however, of finding the results so satisfactory as he expected from analogous cases which have been recorded, he was compelled to discontinue this remedial agent in consequence of the ill-effects which were produced.—*Lancet*, Aug. 17, 1861.

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Treatment of Flat Ulcers of the Rectum.—Ulcers and fissures of the rectum are amongst the most painful of the minor affections with which surgery is concerned. Where, however, any difficulty exists in such cases, it usually arises in the diagnosis rather than in the treatment. Commonly, when the seat of fissure is discovered, the division of the fibres of the sphincter by the knife offers a ready means of cure. In cases of flat ulcer, however, the same result may be obtained by milder means, as in a case treated this year by Mr. Coulson at St. Mary's Hospital. The patient was a man aged twenty-six years. He had been the subject of piles for some years, which he attributed to an early habit of taking strong purgative medicine. Three weeks before admission he had felt a violent throbbing pain in ano after action of the bowels; this was followed by the discharge of about an ounce of blood and continued tenesmus. These symptoms were renewed at each action of the bowels, until admission, the pain being severe, and lasting some hours. On examination, a somewhat deep and irregular ulcer was found by Mr. Coulson to exist in the mucous membrane within the sphincter. It was ordered that the bowels should be regulated and maintained in a condition of laxity by determinate doses of castor oil, that careful precautions for cleanliness should be observed, and that an ointment should be applied composed of a drachm of the nitric oxide of mercury to an ounce of lard. Under this simple treatment the patient made a rapid recovery, and was discharged, cured, at the end of a fortnight.—*Ibid.*

—

Fracture of the Base of the Skull, with Serous Oozing from both Ears; Recovery.—The following case is another example of fracture through the base of the skull in which the pathognomonic symptoms—viz., oozing of the cerebro-spinal fluid from both ears—was present. Hemorrhage from both ears occurred the first four days, after which serous oozing commenced, and continued nearly three weeks, when it gradually disappeared, and recovery took place—a result that is indeed rare, but which no doubt was greatly favoured by the youth of the patient. The last case of a similar nature which appeared in our "Mirror" (the *Lancet*, vol. i. 1860, p. 492) was one under Mr. T. Wakley's care at the Royal Free Hospital, on which occasion reference was made to the previous cases which had been published in this journal.

The notes of the following cases were kindly furnished by Mr. A. W. Wallis, house-surgeon to the hospital.

Ambrose E——, aged thirteen, was admitted May 24th, 1860, with symptoms of fractured base of the skull. He was in the employ of the Great Northern Railway Company, and while engaged at work on the line a few miles out of town he was struck on the right side of the head by the buffer of an engine slowly in motion. When picked up he was totally insensible, and bleeding profusely from the mouth and ears. He was removed to a neighbouring shed, some brandy administered to him, and, after the lapse of about an hour, he was placed on the engine and conveyed to the hospital.

On admission, he was totally insensible; countenance blanched; surface and extremities cold; pupils dilated and fixed; pulse scarcely perceptible; respiration slow, without stertor; and he was bleeding from the nose, mouth, and ears, particularly the left ear, through which air bubbles occasionally escaped. There was no external injury to any part. He was immediately placed in bed and hot bottles applied to the feet and axilla.

May 25. Remains in much the same state as yesterday; cannot be roused. Bowels have not acted; has passed urine.

26*th*. Has been restless during the night. The pulse has somewhat improved, the skin and extremities are warmer, and there appears a general tendency to reaction; but he still remains quite insensible. Bowels have not acted; passes urine.

27*th*. Has had a very restless night, and this morning, on being loudly spoken to, he mutters incoherently and again relapses. Hemorrhage from the nose and right ear, which had hitherto continued, has now ceased, but continues slightly from the left ear. Pupils dilated, that of the left eye apparently more so than that of the right, and

there is also well-marked internal strabismus of the left eye, which did not exist previous to the accident. Bowels not open; urine passed freely. To have five grains of calomel at bed-time.

28*th*. Has passed a comfortable night. Bowels have acted freely, and he appears more sensible. This morning there is a considerable discharge from the ears, having the character of cerebro-spinal fluid.

29*th*. Has passed a good night; gave his name and address, but with some little confusion; bowels opened.

30*th*. Continues to improve; complains of pain at the back of his head and of giddiness; can move his limbs freely, and there is no loss of sensation; considerable discharge from the ears; takes beef-tea readily, to which he has hitherto been limited.

June 26. Up to this date he has progressed most favourably. No additional symptoms have arisen. All the serous discharge from the ears has now for some days ceased. His appetite is good, but he complains of slight occasional headache. The strabismus is still well marked, which at present is the only visible result of the injury. To go out to-day.

Nov. 26. Mr. Wallis, the house surgeon, learned a few days ago, from a man who knew and had recently seen the lad, that he was then in very good health and at work, but still squinted with the left eye.—*Lancet*, June 15, 1861.

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Three Successful Cases of Excision of the Knee Joint.—During the past month, Mr. Price has successfully excised the knee joint in three cases. We shall briefly notice the particulars of each, reserving a more detailed account till a future period.

Case 1.—A little girl, aged six years, had suffered from disease of the left knee-joint for upwards of a year. The origin of the mischief appears to have been a fall. For six months she had been under treatment in a London hospital. At the time of her admission under Mr. Price, it was found that the joint was completely disorganized. The surfaces of the bones were bare, abscesses had not only infiltrated the parts in immediate relationship with the articulation, but had extended upwards for some distance beneath the skin of the thigh.

Notwithstanding the great amount of disease both of hard and soft parts, and the extremely weak, hectic, and emaciated state of the little patient, the joint was excised on the 2d of May, and on the eighteenth day the patient was out of bed. On the twenty-first day she was ordered to be taken out in a perambulator. This is one of the most successful cases we have seen, and shows how, with attention to certain practical points, the best results follow this operation.

Case 2.—A girl, aged fourteen years, was sent to Mr. Price by Mr. Bishop, of Erith. The left-knee joint was extensively diseased; the leg was flexed at something less than an acute angle with the thigh. The extreme pain had produced irritation of the whole system. The left lung evidenced slight mischief, and a constant cough increased the general disturbance.

On the 23d of May the joint was excised. A large abscess was found in the internal condyle; after destroying a considerable portion of bone it had burst into the articulation. The limb was placed in an admirable position, and the patient in a few days was quite free from all pain. The case has progressed well, and the patient will have a good limb.

Case 3.—On the same day (May 23d) we saw Mr. Price excise the left knee joint of a little girl, aged six years. The articulation had two months previously been torn open by a cart-wheel. On admission, Mr. Wallis, the house-surgeon, found that synovia freely escaped. Considerable shock was sustained. Extensive suppuration, etc., followed. Large abscesses running up the thigh were opened on more than one occasion. From the inflammatory mischief it appears that the main venous channel had become plugged, as the superficial epigastric and external mammary veins showed an exceedingly varicose condition.

The joint being extensively destroyed, and little respiration taking place, Mr. Price excised the articulation. The case has continued to progress rapidly. It will be interesting to see what effect the probable plugging of the venous track will have in influencing the amount of proper repair.

In each of these cases the limb was placed in the splint Mr. Price is in the habit of using, and no alteration in position has been needed. In fact, the splints have never been shifted, although some weeks have now elapsed.

We notice that Mr. Price now always adequately adjusts the cut surfaces of the

femur and tibia before the lips of the incision are closed, which plan admits of the surgeon seeing that the bones are in good apposition after the limb is firmly fixed. In each instance the joint was removed by a single transverse incision.—*Lancet*, June 15, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Non-inflammable Dresses.—The recent dreadful accident at the Continental Theatre, in Philadelphia, by which nine females lost their lives from burns caused by their dresses having caught fire from a gas burner in their dressing-room, should deeply impress upon the public mind the necessity of rendering the fine fabrics of which ladies' dresses are made non-inflammable. Indeed we had already had, it might be supposed, sufficient warnings in this respect in the recent deaths of the wife of the poet Longfellow in this country, and of Mrs. Brodhurst in London, and likewise in the deaths from the same cause, in 1858, of the Ladies Laura and Charlotte Bridgman, and Miss Plunkett, and in the case of Clara Webster, who was burnt to death on the stage. We earnestly, therefore, urge attention to the following statements:—

It is said (*Med. Times and Gazette*, Aug. 3. 1861) that "the most delicate white cambric handkerchief, or fleecy gauze, or the finest lace, may, by simple soaking in a weak solution of chloride of zinc, be so protected from blaze, that, if held in the flame of a candle, they may be reduced to tinder without blazing." Dr. Odling tells us that:—

"The various means proposed for rendering textile fabrics non-inflammable were carefully investigated a short time back by two well-known chemists, Messrs. Versmann and Oppenheim. An account of their experiments was read at the Aberdeen meeting of the British Association in 1859, and was afterwards published in the *Journal of the Society of Arts*, and in a separate form by Trübner and Co., of Paternoster-row.

"They showed that linen and cotton goods dried after immersion in a solution of one or other of several salts, possessed the property of non-inflammability, and that the best results were obtained with a solution of sulphate of ammonia, or of tungstate of soda, neither of which liquids produced any injurious effect upon the tissue or colour of the fabric. The tungstate of soda solution was found most applicable to laundry purposes, on account of its not interfering in any way with the process of ironing.

"Muslins, etc., steeped in a 7 per cent. solution of sulphate of ammonia, or a 20 per cent. solution of tungstate of soda, and then dried, may be held in a flame of a candle or gas-lamp without taking fire. That portion of the stuff in contact with the light becomes charred and destroyed, but it does not inflame, and consequently the burning state does not spread to the rest of the material."

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New Lecture Room at the Philadelphia Hospital.—We are happy to see it stated (*Medical and Surgical Reporter*, Sept. 14) that this important improvement is nearly completed. "It has the form of an amphitheatre, capable of seating about five hundred persons, and is well lighted and ventilated. It will be convenient of access for patients by separate entrances from male and female wards on the different floors of the hospital. Adjoining the lecture room on one side is the laboratory, and the room of the Curator of the Museum, and on the other the dead-house, including its conveniences for pathological research. The location of the lecture room is on the north side of the hospital building, making it very accessible from the gate opening into the hospital grounds.

"The liberality of the managers of the hospital in opening its great clinical advantages free to all students, and the erection of a commodious lecture room for their convenience deserves the commendation of the profession."

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Medical Department of the University of the Pacific, at San Francisco, Cal.—Dr. L. C. Lane, late of the U. S. Navy, has been recently appointed to the Chair of Physiology, and Dr. Henry Gibbons has been elected Professor of Materia Medica in this Institution.

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Jefferson Medical College.—Dr. Wm. V. Keating, lately elected to the chair of obstetrics in this school, has been induced by impaired health to resign. Professor C. D. Meigs, the late eminent occupant of the

chair, has been requested by the Board of Trustees to perform its duties during the ensuing winter, and it is said that he has consented.

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Boylston Prize.—This prize, consisting of sixty dollars or a gold medal of that value, has been awarded to Dr. R. M. Hodges, of Boston, for the best essay on the excision of joints.

FOREIGN INTELLIGENCE.

Smallpox in Prussia during 1859.—From the report just published on the authority of the Prussian Government, we extract the following figures. A great decrease of smallpox occurred in 1859 as compared with 1858, for while in the latter year there were 30,843 cases with 2,789 deaths, in the former year there were but 16,035 cases with 1,371 deaths. Of the 16,035 cases occurring in 1859, there were 4627 among children (*i. e.*, under 15 years of age), and 11,408 amongst adults; and of the 1,371 deaths, 569 occurred among children, and 802 among adults—the mortality in the whole number being 8 per cent.; among children, 12 per cent., and among adults, 7 per cent. Of the 16,035 cases, 13,364 had been vaccinated, and 2,671 had not been. Of the vaccinated, 6 per cent. died; 7 per cent. among the children, and 5 per cent. among the adults. Of the non-vaccinated, 20 per cent. died; 23 per cent. among the children, and 17 per cent. among the adults. Among the cases, 591 had been re-vaccinated, and of these 42 died.—*Med. Times and Gazette*, September 7, 1861, from *Berlin Med. Zeitung*, 1861.

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Tobacco and its Effects.—At a recent meeting of the Society of Emulation at Rouen, a paper was read by Dr. Dumesnil, on tobacco and the effects attending its use, of which the following is an abstract:—"The custom of smoking is spreading through the whole world. The tobacco-producing countries have the greatest difficulty in providing for local wants. In America the consumption augments more rapidly than the supply. According to late statistics, the quantity of tobacco used in the New World annually is in weight equal to the bread consumed by ten millions of individuals in England. England, a country which does not produce tobacco, yearly consumes 30,000,000 lbs. of that plant drawn from America, and during the last ten years her consumption has increased one-fourth. In Hamburg, the population of which is only 150,000, as many as 40,000 cigars are consumed per day. In Denmark the annual average consumption is 4 lbs. per head for the whole population. In Holland the proportion is still higher. In Austria the cultivation of the tobacco plant occupies 100,000 acres of good land. In 1854, the consumption of tobacco in the whole world amounted to 506,000,000 lbs., being an average of 9 ounces for each person. Calculating that tobacco contains on an average 3 per cent. of nicotine, it will be seen that there are annually consumed on the globe, 15,180,000 lbs. of a poison of which a few drops are sufficient to cause death."—*Lancet*, Sept. 7, 1861.

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The Cause of Fermentation.—In a recent communication to the Academy of Sciences, M. Pasteur, whose labours on fermentation are highly appreciated, gives an account of a curious microscopic insect, which is not merely produced during the process; but which is actually the cause of it. In lactic fermentation various substances are produced, viz., lactic acid, gum, mannite, butyric acid, alcohol, carbonic acid, and hydrogen. M. Pasteur having found that the vegetable ferment which transforms sugar into lactic acid, differs from those which produce gum, and which in their turn do not produce lactic acid, soon ascertained that none of those produced butyric acid. The existence of a special butyric ferment was therefore highly probable, and after many experiments, during which M. Pasteur vainly endeavoured to get rid of the infusoria which infested his preparations, he was at length struck with this curious pertinacity, and at length came to the conclusion that these infusoria were themselves the ferment which he was in search of! This view was speedily confirmed by a great many experiments, which showed that the transformation of sugar, mannite, and lactic acid into butyric acid was exclusively due to these animalculæ. Their form is that of small cylindrical rods, rounded off at their extremities, generally straight, and connected together in chains of two, three, or four links each, sometimes more. Their length does not exceed the fifteen-thousandth

part of a *millimètre*. These diminutive creatures advance with a creeping motion, their body remaining nearly rigid, or at best experiencing but slight undulations. They are often bent at one or both of their extremities, but this seldom happens in their youth. They are fissiparous, that is, they multiply by separation, one link after another dropping off from the parent animal, and becoming a parent of others itself. These vibrios may be regularly sown in any medium which affords them appropriate nourishment; but the most singular circumstance connected with them is, they can live and multiply without the assistance of the smallest particle of air or free oxygen; nay, air and oxygen kill them; while a current of carbonic acid, a most deleterious gas, as we know, may be made to pass through the liquid in which they are without affecting them in the slightest degree. This is the first instance on record of animal life being supported without free oxygen.—*Ibid.*

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What Constitutes Evidence of Live Birth.—Vice-Chancellor Sir J. STUART decided a very curious point in medical jurisprudence the other day in the trial of Brock *v.* Kellock. Upwards of twenty years ago, a medical man died without a will, leaving property and a widow, who was pregnant at the time of his death. As his widow, she succeeded to a portion of the effects; but in case of her having a child, and the child dying, she became, as the heir of her own offspring, entitled to a further portion. She was delivered by Mr. Freeman, now of Plymouth; and the question was, did the mother give birth to a live or a dead child? Mr. Freeman distinctly stated in his affidavit that the funis pulsated after the separation of the cord, and that the child moved vigorously a minute before birth. He could not swear to the fact of respiration having taken place, but he remembered that the chest was full and arched, and he believed it must have breathed, because it was his usual practice not to divide the funis until respiration had taken place. He also placed the child in a warm bath, and he stated that he should not have done this had he not considered the child alive and capable of resuscitation. His distinct opinion was that the child was born alive, but weak; and that it died shortly after birth from the effects of a severe labour.

Dr. Robert Lee, in an affidavit, contested, in the strongest manner, the statement and opinions of Mr. Freeman. He thought it very likely that the pulsation in the finger and thumb might have been mistaken for the funic pulse. He maintained that the action of the heart, supposing it to have taken place, was no proof of life such as should be established, because the heart of animals would contract for hours or days after separation from the body. In his opinion, respiration was necessary to establish the fact of live-birth. He further said Mr. Freeman had testified that respiration had not taken place, and that no medical man would dare to give a certificate of live-birth in such a case. Dr. F. H. Ramsbotham concurred generally in the affidavit of Dr. Lee.

Dr. Tyler Smith, in his affidavit, said the pulse of the adult and the beat of the funis were so different, that the mistake supposed by Dr. Lee was not likely to have been made. He contended that a child whose heart was beating after its separation from the mother could not be said to be dead; that the beating of the heart of the lower animals after separation from the body could not apply to the human infant; and that, even in these cases, it was an evidence of vitality. There was no proof of respiration having taken place; but Mr. Freeman's opinion upon this point was the best that could be had, and Dr. Smith showed that Dr. Lee was wrong in stating that Mr. Freeman had said no respiration occurred. He thought medical evidence was limited to the proof of life or death in a physiological point of view; that the law must decide what constituted legal life. He mentioned that medical men sometimes gave certificates of still-birth when the child moved and made attempts at respiration, if it did not fully recover itself after birth. His conclusion was, that it would be better to take a single vital act, such as the beating of the heart, which had been considered by physiologists the *primum vivens, ultimum moriens*, as a proof of live-birth, than the movements of respiration, which were often not fully established for some time after birth.

The Vice-Chancellor in his decision entirely affirmed Dr. Tyler Smith's view of the case, the good sense of which he greatly commended, and expressed his surprise that a man in Dr. Lee's position should have made such an affidavit. He held it

proved that the child had been born alive, and refused the costs of the medical evidence on the opposing side. Dr. Alfred Taylor made no affidavit in the case, but was appealed to by Dr. Lee, and gave an opinion in favour of live-birth. This decision is of importance, inasmuch as it will go far to form the law, which has hitherto in this country been unsettled, upon the point at issue.—*Lancet*, May 11, 1861.

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Basins and Reservoirs for the Water Supply of Paris.—M. Bouchut communicated to the Academy of Sciences the results of his visits to the basins and reservoirs of the city of Paris, from which the water descends by numerous pipes to the water-posts of the streets and to the cocks of private houses. These visits generally took place in warm and stormy weather, and in the sun. The object of the first was the inspection of the racine reservoirs, near the Odeon. These basins, three in number, are open, surrounded by dwelling houses, which convey to them a great quantity of dirt. Near the basins are trees, from which leaves, seeds, and caterpillars are constantly falling; a little farther on, the flue of a factory pours forth masses of soot, a part of which is to be found floating on the surface of the water. These reservoirs are emptied every three months and cleaned out, and at the bottom is found a layer of filamentous, blackish weed about an inch and a half thick. The water, which is thirteen feet deep, appears dirty, and at times holds in suspension myriads of yellowish particles, which give it the appearance of a thick, muddy emulsion. On drawing a bucketful of this water, it is found full of living animals. The tanks of the Pantheon are isolated from all habitations and consequently better situated than the racine reservoirs; but as they are also open, their water often holds in suspension a countless host of living creatures, which, to use M. Bouchut's expression, may be taken up by the spoonful as in soup. Now, this description is not exaggerated, and, it must be confessed, is applicable to all water contained in open reservoirs, whatever its origin. If, on the contrary, you penetrate with M. Bouchut into the subterranean reservoirs, where, being at a tolerably low temperature, the water never receives the solar action, the water, whatever may be its source, is perfectly limpid, very pure, and contains no living body in suspension. Such is the case with the Arcueil water at the Observatory and in the reservoirs of the Pantheon, and with the Seine waters in three of the basins of Passy, and with the Pré Saint-Gervais waters in two of the reservoirs of Popincourt.

It is obvious that the Paris waters, at least in summer, deteriorate unequally, and that those which are collected in open drains are infinitely less good than those that are sheltered from air, light, and sun. M. Bouchut's inspection likewise proves that among the covered waters, those which are in aqueducts and subterranean reservoirs are preferable to those which are preserved, as is shown in a specimen at Passy, in covered reservoirs, above ground, without an arch, thick enough to protect them from the action of the heat. M. Bouchut is of opinion that the basins might be advantageously covered with a double arch; the first, not thick, above the water, to protect it from light, air, and the sun; the second, thinner, placed at about a yard's distance, to prevent the first from being heated by the solar rays. The disinfection of the reservoirs might be effected by cleaning them out at least once a month during the warm weather, and after having drained off the water, burning sulphur under a canvas awning, in order to prevent the fermentation of weeds and of the remnants of vegetable or animal infusoria.—*Journ. Pract. de Méd. et de Chir.*

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Health of Soldiers.—The following remarks in a late No. of the *Lancet* (Aug. 17, 1861), have great value at this time, and are well worthy of the consideration of the people in this country.

"Every scientific physician must have felt and deplored the constant waste of valuable experience as to the influence of external agents upon life under the infinitely varied conditions to which we submit our soldiers and sailors. Every Englishman has been made to feel, either in his domestic affections or in his purse, the danger and the folly of thus throwing away that experience, and of neglecting the teaching of medical science. The authorities have at length arrived at the conviction that there is an inseparable correlation between the preservation and the efficiency of armies and submission to the laws of medical science and financial economy. The principle reiterated over and over again by all our great army surgeons, that it is cheaper as well as more

humane to keep ten thousand veterans in health and readiness for service than to be ever recruiting and training new men, is at last appreciated. A good soldier, like a good craftsman of any other kind, is a valuable production; he cannot be replaced in a day; once possessed, he is deserving of the most studious care."

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Laying of the First Stone of the Jews' Hospital at Norwood.—The ceremony of laying the first stone of the Jews' Hospital, at Lower Norwood, was performed last week by Sir Anthony Rothschild, Bart., in presence of a numerous assemblage. The institution is destined to be a *rénaissance* of the venerable hospital at Mile-end, one of the earliest charitable institutions of Jews in England. This building, besides the fact that it was never very well adapted to its purpose, is now in a state of some dilapidation. As soon as it became a matter resolved upon that a more commodious edifice should be erected, there were not wanting friends ready to emulate the example of the original founders of the charity; and more than one offer of land was made for a site on which to found the new building. Mr. and Mrs. Barnett Meyers have given eight acres, in the most advantageous part of Lower Norwood, for this purpose. The ground lies a little off the road, opposite the railway station, on a commanding rise, and is at once picturesquely and salubriously situated.—*British Med. Journal*, June 15, 1861.

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British Medical Association.—At the recent annual meeting of this association, Dr. Wm. A. Hammond, Asst. Surgeon U.S.A., was elected an Honorary corresponding member. This is a high and well merited compliment to our industrious and learned confrère.

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British Pharmacopœia.—It appears, from a recent report of Dr. Garrod to the medical council, that this anxiously expected work is approaching completion, and that its publication may be expected at the end of the present year.

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Sir Benjamin Brodie.—We learn that this distinguished ornament of our profession, who was unnecessarily subjected last year to the operation of iridectomy, and afterwards operated on for cataract, has quite recently been again operated on for the formation of an artificial pupil, and we are told with a fair prospect of restoration of sight. The same was said of the previous operations, but we trust that the venerable head of the British Medical Profession will not meet with another disappointment.

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Cooked Meat for the Labouring Classes.—A great cooking depot has recently been opened in Glasgow for the sale of food at a remarkably cheap rate, and has become an extensive affair. The shops and saloons now number six. During one week the number of rations sold and consumed amounted to upwards of 20,000.

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Homœopathic Consultations.—The countenancing by regular physicians and surgeons of the globulistic humbug by consultations with the followers of that delusion will now cease in Great Britain. The British Medical Association at its last meeting adopted the strongest resolutions denunciatory of such consultations or meetings, and Mr. Fergusson, of London, who has lately been visiting patients who were at the time under the care of homœopathists, has promised to reform his conduct for the future, as will be seen by the following letter to the editor of the *Lancet*.

"Sir: The explanations I offered in your journal of the 20th ultimo, regarding my alleged communion with homœopaths, not appearing satisfactory to the profession, I beg to state that, *for the future, I shall feel it incumbent on me to decline any meeting or so-called consultation with homœopathic practitioners.*

Enjoying a large share of professional confidence, and holding various important public appointments, I should consider myself unworthy of such honour were I, at the present time, to offer any objections to the expressed wishes and declared opinions of my professional brethren.

I am, sir, your obedient servant,
Wm. Fergusson, F. R. C. S.
George-street, Hanover-square, Aug., 1861."

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Obituary Record.—Died in Dublin, suddenly, July 19th, Francis Rynd, Esq., one of the Surgeons to the Meath Hospital, and author of a work on Stricture and other Diseases of the Male Urethra.

—— on the 20th of August, Prof. J. I. Quackett, F. R. S., Professor of Histology in the Royal College of Surgeons of England, and Curator of the Hunterian Museum.

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SIMPSON, LECTURES ON THE DISEASES OF WOMEN, 16 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Gonorrhœa and Imaginary Spermatorrhœa.—Given at St. Mary's Hospital June 14th, 1861. By THOS. K. CHAMBERS, M. D., etc.

GENTLEMEN: In bed No. 7, Cambridge ward, is a man whom I have just discharged as "*cured*" of rheumatic fever under the alkaline treatment as rapidly as usual. My reason for calling your special attention to the case is, that at the same time that he got acute rheumatism he had also contracted gonorrhœa. The rheumatism was not gonorrhœal, as was shown by its metastasis, by its being situated in the muscles, and by its rapidly yielding to ordinary alkaline treatment. Nor was the urethral discharge rheumatic; it was, as the patient well knew, derived in the usual way from the contagion of an animal poison or *virus*—gonorrhœa *viru*-lenta. It is only by the accident of their having other complaints that such patients are admitted into the wards, being usually treated as out-patients; and I am always glad to have them, in order to take the opportunity of teaching you a few important facts concerning the pathology of the disease. The poison of gonorrhœa, as a rule, attaches itself to the urethra alone, and (like all animal poisons on mucous membranes) has a tendency to run a definite course, to exhaust its virulence by the formation of pus, and so to cure itself. I always, therefore, leave these hospital cases quite alone for your instruction; and, if they are recent, you see them get quite well of their own accord: sometimes in four or five days, as happened in the case before us; sometimes after a longer period; but always without any unfavourable symptoms. The fact is that gonorrhœa is naturally, in both male

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and female, a most mild disease, with power to get well in about a fortnight by the simplest treatment, if only it is not made severe by the folly of the patient or his medical attendant. I consider all primary heroic treatment of urethral discharges a most unjustifiable interference with nature.

Doubtless a good many patients are tough enough to bear without ill consequences local tampering with urethra; but very frequently you will have stricture and swelled testicle follow, and every now and then you will have a result which will weigh on your conscience for the rest of your lives. You may have the blood of a fellow-creature on your head.

Capable as the urinary mucous membrane is of taking care of itself and getting rid of poisons which are in a manner natural to it, it resents foreign irritants; and it resents them most particularly when it is not guarded by a purulent coating and is in a healthy state. As an example of the fearful consequences which may follow unjustifiable interference with it, I will relate to you the history of a private patient whom I have lately attended with Mr. Lane, premising that the facts are taken from a deposition solemnly made by the poor fellow when he found his death approaching.

"Mr. S——, aged twenty-one, had a congenital phymosis, which prevented the complete retraction of the prepuce for purposes of cleanliness, and so caused an occasional thick discharge from the glans, which exhibited its sebaceous oily nature by being with difficulty washed off from his flannel underclothing. He said he had never experienced any difficulty or pain in making water; the urine was clear and healthy; there was no irritability of bladder during the late severe winter, and his general health was strong. He had every few weeks the usual nocturnal emission of robust youths. In an evil hour, as he informed me, he went to Mr. R. Dawson, of Finsbury-circus, to have the phymosis removed. This was on a Friday, and the following Monday he went to show that the slight operation had succeeded, and that the place was healing or healed. But unfortunately he alluded to the discharge above mentioned, and in his ignorance suggested that it might be seminal. *Without asking any questions about the symptoms*, as he informed me, Mr. Dawson then and there passed into the urethra an instrument like a catheter, with a central piece and lateral holes. This instrument was filled with an ointment, of the consistence of lard,[1] which was injected out from the instrument by means of an apparatus at the end. Very slight pain was produced by it. He continued to attend Mr. Dawson every Monday and Thursday, and had the instrument passed. Usually the ointment appeared to be injected about three inches into the urethra; but twice it was thrown up into the bladder, as the patient judged by his sensations. A fortnight after the instrument was first passed, irritation in the region of the prostate gland and in the perinæum commenced; he passed urine with difficulty, and pus was discharged from the urethra with and without the passage of urine. The patient being then thoroughly alarmed, wrote to me, and I went to see him on May 17th, and found at the house Mr. Dawson and a medical man, named Venables, whom he had brought with him. It appeared from the patient's statement that Mr. Dawson had again passed a catheter smeared with some brown tincture, and drawn off a quantity of turbid urine. He heard that I had been sent for, proposed to leave the case in my hands, and disappeared from the scene. On examination of this turbid urine, it was found to consist in a great measure of thick pus, and I had no hesitation in arriving at the diagnosis of artificially induced inflammation of the bladder. The treatment adopted, without any disagreement, by my colleague, Mr. Lane, and myself, was simply calmative. It is unnecessary to detail the progress of the case. Suffice it to say that it ended in death on the 30th of May, and that a post-mortem examination was made by Dr. Broadbent. The bladder, which I here show you, was in an advanced stage of inflammation, the fundus ulcerated, denuded of its mucous coat, and resembling sloughy cellular tissue. The inflammation had extended also up the ureters to the kidneys, which were soft, congested with blood of a chocolate-brown colour, and disorganized. This appearance has been partially obliterated by the spirit in which the parts have been preserved; but enough remains to

[1] The nature of this ointment I do not know for certain, but I find in a volume presently to be alluded to, that Mr. Dawson usually employs "an ointment of iodine and chloride of zinc, applied by means of an instrument constructed for the purpose."

show you what extensive inflammation may be set up by artificial irritation of the urinary mucous membrane."

I hope this case will remain in your minds as a ghastly reminder not to interfere unnecessarily with a healthy urethra. There is no reason to believe that this young man ever had anything the matter with his urinary passages previous to the unfortunate direction of his attention to them. What was the commencement of this? Not any symptoms, but I fear the selfish suggestions of one of our own profession; for on opening his drawers after death the first book that presented itself was a volume on "Spermatorrhœa," by Richard Dawson, "with the author's compliments."[1] From this doubtless he had imbibed the notion which led to his death; and upon the circulation of such books amongst non-professional persons rests clearly the infection of their minds with the foul ideas on this subject so rife in the present day.

Real spermatorrhœa is a most rare, almost unknown disease. If you ask all the physicians and surgeons of prominent standing, the hospital staffs in this metropolis, they will tell you they are doubtful if they ever saw a decided case. But of *imaginary* spermatorrhœa they have almost daily instances in private practice. Persons whose minds are unhinged with the horrid suggestion are constantly coming before them; and if the poor creatures will confess to the source of their impression, it may generally be traced to the reading of beastly books or advertisements in the newspapers. You could scarcely imagine how enormous is the circulation of these publications; under specious titles, they are advertised at the cost of about £20,000 a year, and are sent all over the globe. When travelling with the Prince of Wales two years ago, I found them wherever I found Englishmen; and a captain in her Majesty's navy told me he had caught them in the hands of his midshipmen in the Mediterranean.

The nature of the cases under the delusions of these ingenious traps, and presenting themselves to you as spermatorrhœa, are various. There are:—

1. A gleety discharge from slight stricture.

2. A similar discharge from pure debility, exactly analogous to leucorrhœa in the female. This is common in the active minded, who use much mental exertion at night, such as students cramming for examination, etc.

3. Incapacity to complete the generative act from mental agitation. This happens to new-married men from modest respect, and to the unmarried from consciousness of sin, and disgust towards the female. The same mental agitation produces simultaneously indigestion and a deposit of lithates in the urine, which is then supposed to be semen.

4. Nocturnal pollutions, arising solely from the habit of oversleeping; but rarely affecting the health, except secondarily through the mind.

5. Slight epileptic fits.

6. Simple delusions, grounded on no symptom, but taking this form on account of the secret publicity given to the gross exaggerations and falsehoods contained in the books I have alluded to.

7. The fallacies which harass these poor people are often the more deeply ingrained by the consciousness of dirty habits in their boyhood, though probably those habits have been long left off, and have never been practised to the extent of injuring the health. But sometimes you will find patients complaining of "spermatorrhœa" half with the idea of deceiving, and half as a euphemistic way of telling you that they are still addicted to self pollution.

These are the most common of the cases you will see. When you first enter upon practice, their extreme frequency, combined with the entire absence of the complaint supposed to exist, is a great surprise to you. But I trust no pupil of St. Mary's Hospital will ever be led to sacrifice the interests of truth by pandering to the unhappy error of the patient. He may make his purse heavy, but his conscience will be weighted in double proportion, and sooner or later he will most surely be found out and held up to the scorn of his brethren.

Strange to say, education does not at all guard people against these fallacies. Within the last three months I have had under my care a young medical man in active practice, an experimental physiologist, and an observant civilian in the Indian service, with imaginary spermatorrhœa. Two of them

[1] While alluding to this publication, I must take the opportunity of defending a body to which I have the honour of being an officer from a statement which the volume bears on its title-page. Mr. Dawson describes himself as a "licentiate of the College of Physicians." He never was so, neither does his name even appear on the list of extra-licentiates last published.

were anxious to marry, and were refraining from causeless fear. You will be obliged to have your wits about you, to argue and to reason instead of pooh-poohing, and it will give you much intellectual exertion to convince your patient that he is not ill. But it must be done or tried at, or else you will deserve to be kicked out of the profession, and will run a fair chance of getting your deserts.—*Lancet*, June 15, 1861.

HOSPITAL NOTES AND GLEANINGS.

Death while under the Influence of Chloroform.—Two cases of this accident are recorded in a recent No. of the *Medical Times and Gaz.* (Sept. 28, 1861).

The *first* case occurred in the Cumberland Infirmary. The subject of it was a man 35 years of age, carpenter, admitted Aug. 17, 1861. A year ago he received an injury to his urethra, two inches from the penile orifice. He then had complete retention of urine, on account of which he became an inmate of an Infirmary, where he was relieved by tapping the bladder; and afterwards no catheter was got through the stricture.

During the last few months his urine has passed by drops. In this state he was admitted into the Cumberland Infirmary, and after several ineffectual attempts to pass a small catheter, and owing to the sensitiveness of the parts, it was proposed to do it under chloroform, to which the patient readily agreed.

On the 5th inst. chloroform was administered, by Mr. Devereux, the House-Surgeon, by means of a small piece of lint made in the shape of a cone. Two drachms were used. Insensibility was produced in the usual way, without the patient exhibiting any unusual symptoms. The lint was then removed from the mouth, and Mr. Page commenced the operation. In about two minutes afterwards a sudden change was observed in the expression of the patient's face. The lips became livid, the eyelids were half open, and the pupils were much dilated. He was then observed to take a deep inspiration, and the pulse ceased almost immediately. Galvanism and artificial respiration were resorted to, and kept up for twenty minutes, without producing more than three or four spasmodic efforts at inspiration.

At the post mortem examination, next day, the heart, lungs, and liver were structurally healthy, but slightly congested. The blood was fluid throughout the body. The whole structure of the left kidney was converted into ten cavities, varying in size from a hazel-nut to a pigeon's-egg, separated from each other by thin walls. Their interior was filled with a mixture of pus and a thinner clear fluid. The left ureter was much thickened, and filled with thick purulent matter. Right kidney weighed six ounces and a-half, and appeared quite healthy, with the exception of its increased size. The walls of the bladder were thickened, and the urethra corresponding to the seat of obstruction was found nearly obliterated by a hard cicatrix.

The *second* case occurred in the New-Castle-on-Tyne Infirmary. The subject of it was a man aged 32, admitted Aug. 15, 1861, under the care of Mr. Annandale, for scrofulous disease of the left knee-joint. Amputation was proposed, and to this he consented, though the idea seemed to fill him with alarm.

On Tuesday, September, 3, being operation-day, he was prepared with others for operation, but being in a state of great trepidation he was ordered brandy prior to being removed to the operating-theatre. On being placed on the operating table he was still labouring under considerable alarm. Mr. Bolten, the House-Surgeon, in the presence of Sir John Fife, Mr. Annandale, and other gentlemen, administered chloroform. He was readily placed under its influence, without any respiratory or muscular excitement whatever. There was no more than two drachms of chloroform used, dropped in the usual way upon a simple fold of bandage held over the nose, and the tourniquet was being applied to the limb, when a sudden relaxation of the sphincters took place, the pupils dilated, the pulse ceased, and respiration continued but a few seconds after. Galvanism, artificial respiration, and other means were promptly resorted to without avail. He was dead.

At the post-mortem examination the right side of the heart was found gorged with blood, as might have been expected in death from cardiac syncope. There was no pulmonary congestion, and further than might be expected in a scrofulous subject, there was no evidence of disease in any of the internal organs.

Wounds into Joints.—A boy, aged 12, was admitted into St. Bartholomew's Hospital, in July last, with a small wound on the inner side of his knee-joint. It was difficult to ascertain with accuracy the time or the nature of the cause, which, however, had occurred several days prior to his admission. Some four or five days afterwards, Mr. Smith extracted a pin from the wound, which had obviously penetrated the joint, from which synovial fluid now escaped for several days. The fluid became purulent and copious; the joint hot, swollen, and extremely painful. Matter collected under the skin in the neighbourhood of the original wound, which required a second puncture. Large flabby granulations, almost invariably accompanying wounds into joints, formed around the two orifices, and existed for a month. The granulations at length subsided, the wounds healed, and the joint regained its normal size and appearance. Can this boy recover the former mobility of the joint, or is anchylosis inevitable? I believe it quite possible that the functions of the joint may be restored. I have had two cases of wounds into the knee-joint, in which discharge of synovia, of many days' duration, was followed by the free escape of pus from the cavity of the joint, continuing for a fortnight in one case, and ten days in the other; and in both cases the joint entirely recovered its functions. Of the restoration of the joint in the above case, however, I am not sanguine, from the protracted nature of the disease, the progress of which occupied a term of many weeks. The subject has not been investigated, so far as I know, but it is not devoid of surgical interest.

—

Excision of the Knee-Joint.—In our preceding number (p. 167), we noticed three cases of excision of the knee-joint, performed by Mr. Price, at the Great Northern Hospital. The patients, at the date of the report, were still in hospital. They left shortly afterwards, with a good and useful limb.

In two instances, girls of the respective ages of about five and a half and seven years, the union was primarily fibrous and flexible; but in the third case, a girl, fourteen years of age, the junction between the cut surfaces of the femur and tibia appeared, after the lapse of nearly seven weeks (at which period the splint was for the first time shifted), to be of a firm, osseous character. In fact, in every instance the operation has been attended with the most complete success.

We have now to notice the following, which is a *fourth* case.

The patient, a girl, aged eleven years, had been the subject of extensive disease of the left knee for a considerable time. At the date of her admission into the Great Northern Hospital, she stated that she had been a patient at two metropolitan hospitals, where the limb had been blistered, issued, &c. The joint was greatly swollen, and at one part fluctuation could be readily distinguished. The pain, especially at night, was considerable. The leg had become fixed at a right angle with the thigh, and the tibia appeared dislocated backwards and inwards. The patella was tightly fixed to the external condyle.

Amputation or excision being the only admissible operation, Mr. Price, after having kept the child in hospital for some time, so as to improve her emaciated condition, excised the vitiated articulation on August 8th.

A large abscess was found occupying a considerable extent of the joint, the cartilages in parts were entirely removed, and the bone was rough and ulcerated. The pus which flowed away on opening the joint showed that it had been in contact for some time with decayed bone. About an inch and a quarter was removed from the end of the femur, and a very thin slice from the head of the tibia. The inner portion being excavated by a large abscess, the gouge was freely used to scoop away all disease. The patella was likewise taken away. The bones came well into apposition, and the limb was fixed to the splint Mr. Price is in the habit of using. There was little bleeding, and we noticed that, ere the lips of the single line of incision were united, the limb was permanently adapted to the apparatus. By this arrangement, the surgeon can be quite certain that the ends of the bones are, after adjustment of the extremity, in accurate apposition.

Owing to the distortion which existed, the hamstring tendons of both sides were divided, which saved the necessity of removing a still greater extent of bone.

The patient has, up to the present time, continued rapidly to improve in health, and there is every prospect of her soon leaving the hospital with a good and useful limb.

It was astonishing to notice how very little shock, if really any, followed this operation in every instance. The perfect adjustment of the ends of the bones, the immovable position in which the limb is maintained, and the great care taken in the dressing of the wound for the first week, are the chief secrets of the success of this operation.

—

Detachment of the Epiphysis of the Radius in both Arms.—A boy, aged eight years was admitted a few weeks ago into the London Hospital, on account of injuries sustained in a fall from a tree. He was suffering from concussion, and could not give a clear account as to the exact manner in which he fell; but it was almost certain that he had fallen forwards, pitching on his outstretched hands, and afterwards striking his head. The deformity was most marked in the right wrist, where it was so great that the receiving-room porter announced the case to the house-surgeon as "a dislocated wrist, sir." As usual in these cases, which by untrained observers are considered to be dislocations of the wrist, the lesion proved to be a detachment of the extremity of the radius. By extension all deformity might be removed. No crepitus was felt. In the left wrist the state of things was exactly similar, but the deformity not so great. Both were put up in splints in the usual manner.

The boy remained in the hospital about a fortnight, on account of his head symptoms, and from which at the time of discharge he had wholly recovered.

Three weeks after the accident the epiphyses were firmly united to the shafts, with, however, a large amount of thickening and some displacement forwards.

Mr. Hutchinson remarked to the students that this was the first instance of a symmetrical detachment of the radial epiphyses which he had ever met with. He had, however, several times seen Colles's fracture of the radius in both arms, and it was to this accident in the adult that detachment of the epiphysis in children was analogous. Both forms of injury usually resulted from falls forward on the palm of the hand. In young persons the epiphysis slipped off, whilst in those whose bones were fully ossified, fracture took place across, or very near to, the line of union. Detachment of the epiphysis, although but little spoken of in books, is by no means rare in practice. It is true that Colles's fracture in adults is very much more common than is detachment in children. But then we must remember that fracture of the clavicle, which is due to the same form of violence, is much more common in children than in adults. At University College Hospital alone, during a single month, there were as many as twenty cases of clavicular fracture in children, as we were informed by Mr. Lyons, the house-surgeon. As a rule, it requires much greater force to detach an epiphysis than to break a fully ossified bone, and it is to this fact that we must refer the disproportion alluded to.—*Lancet*, Aug. 24, 1861.

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Rapid Absorption of Pus from the Anterior Chamber of the Eye.—If any of our readers still doubt as to the possibility of the absorption of pus the following case may be of interest. It illustrates an event which is not at all unfrequent in the practice of our ophthalmic hospitals, though the process was certainly more rapid than usual:—

Richard D., a boy, aged 6, was admitted under Mr. Dixon's care, at Moorfields, on Thursday last. His right eye was acutely inflamed, there being a central ulcer on the cornea and hypopyon. The quantity of pus in the anterior chamber was, perhaps, about two drops, it was quite fluid, occupied the most dependent part of the chamber, and moved on motion of the head. There had been no known injury, the inflammation having commenced spontaneously with much pain three days before. The boy appeared out of health and feeble. He had already been well purged. A blister was ordered to be put behind the ear, and a grain of quinine to be taken three times a day. When the boy attended on the following Monday *every vestige of the pus had disappeared*, and the whole aspect of the eye was greatly improved.

The result of this case cannot but be instructive to those who advocate paracentesis of the anterior chamber in hypopyon. With regard to the general question of the absorption of pus, we may ask, why should not that occur in abscesses, in empyema, in suppuration of joints, which we see so clearly and so frequently in cases of purulent effusion into the anterior chamber of the eye?—*Ibid.*

Oxidation of a Silver Canula persistently worn for Six Months after Tracheotomy.—There are certain instances of extensive disease of the larynx in which tracheotomy has been performed, that require a canula to be constantly worn, unless a permanently patulous opening remains, which obviates its use. When an instrument is thus worn, it should regularly be removed to permit of its being cleansed; for if this precaution be neglected, the silver becomes oxidized, and the tube so thin and brittle that it is liable to break in the trachea, and become lodged as a foreign body. An instance where this was nearly happening occurred in the month of June at Guy's Hospital. A woman, aged about forty-five years, underwent tracheotomy for extensive syphilitic disease twelve months before, by Mr. Bryant. She made a good recovery, and was directed to present herself every three months to have the canula changed. On two occasions this was done, but she allowed six months to elapse before presenting herself the third time. The consequence was, that on drawing out the internal tube, some blood followed, and on withdrawing the other, it was found to be a mere shell of metal from oxidation, and was on the point of breaking into several pieces. It was covered with black oxide of silver, which, on friction with the fingers, resembled soot. The inner tube, although discoloured, was not otherwise injured. The outer tube was perforated here and there, and was friable on removal. Had it been retained but a very short time longer, the patient would have run a great risk of suffocation from the lodgment of any separating fragment. Another canula was now introduced, and the patient left the hospital.—*Lancet*, Sept. 14, 1861.

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Housemaid's Knee.—Mr. Skey has purposely admitted into St. Bartholomew's, a large number of cases of this affection, and they may be supposed to have presented every variety of form, character, and stage of progress. "I am not sanguine enough," he observes, "to entertain the hope of shaking the confidence of many surgeons in the efficacy of blisters and tincture of iodine, which may be applied and reapplied for months without the smallest impression on the disease, so far as I have witnessed their effects. Indeed, with respect to the latter agent, I regret to say that I know of no chemical or therapeutical agent in such general resort as a local remedy in disease which is so commonly inoperative for good; and in these bursal diseases it appears to me to be especially so. If a full-sized thread be passed through the centre of the swelling, be it large and hard, giving the sensation of a solid mass, but in the centre of which is always found a small cavity or fissure; or be it soft, and containing fluid, whether large or small, suppuration in the course of from two to five or six days, will inevitably follow. The thread may then be removed. The disease is converted into an abscess, and may be treated as an abscess. I may assert, without exaggeration, that I have cured from 100 to 200 cases on this simple principle. No other caution is necessary beyond the removal of the thread when the orifices through which it has passed indicate the inflammatory action incidental to its presence.

"The same agent, and on the same principle, is equally applicable to *ranula*. Indeed, it is quite remarkable with what rapidity this disease recedes under the action of the thread, whether the cyst be of average or of the largest size. Of the latter I have reported some, and treated several of such magnitude as to require the lower end of the thread to be brought out in the neck at some distance below the base of the jaw."—*Lancet*, October 5, 1861.

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Treatment of three cases of so-called Impermeable Stricture.—It is less rare now than it formerly was to meet with strictures which are regarded as impermeable. Of course, a stricture is never really so through which some urine, however small in quantity, still passes. It may issue in a minute thread-like stream, or only in a succession of drops; it may pass thus entirely through the urethra, or it may be mainly passed through fistulous passages in the perinæum or scrotum, as in one of the following cases; but in almost every instance a certain portion still passes through the urethral canal, however contracted it may be. This being the case, there is great encouragement to endeavour to pass an instrument of some size through the narrowed channel, and in almost all cases this may be accomplished. Of course the instrument must be small enough to correspond with the size of the stream, and in extremely narrow strictures it must be exceedingly small, when the

utmost care is required in manipulating it. If it can be passed through the stricture, by careful, patient, and gentle management, into the bladder, the advantage for the patient is great, and a far better result is accomplished than any other operative proceeding offers; for, being once introduced, it happens, in the great majority of instances, that it can be tied in for a day or two, that the stricture dilates under this process, and that, in the course of a few days, large instruments will pass with ease. The rapidity and the power of this means of treating such cases render it frequently one of very great value. Three illustrations of it have recently been under Mr. Thompson's care at this hospital, which may be thus briefly reported:—

Case 1. M——, aged forty-six, admitted into University College Hospital, April 27th, 1861, on account of old and confirmed stricture, occasioning frequent attacks of retention, for which numerous attempts to pass a catheter had been made, but without success. He suffers severely from this painful symptom of his complaint.

May 1. A tight stricture was found at the distance of five inches and three quarters from the meatus. Mr. Thompson succeeded in passing a small-sized silver catheter into the bladder and drawing off the urine. It was tied in the usual manner.

3*d*. No. 4 was substituted.

4*th*. He had a slight attack of fever, and the catheter was removed.

7*th*. Another instrument (No. 3) was introduced and tied in.

8*th*. It was exchanged for a gum-elastic instrument (No. 4).

9*th*. No. 6 was introduced and tied in.

12*th*. No. 10 has been reached through gradual steps by continuous tying in.

13*th*. Nos. 9 and 10 were passed and removed.

14*th*. The same.

15*th*. He was instructed in passing a gum catheter for himself, but managed clumsily, produced a little bleeding, and had a rigor afterwards.

24*th*. His urethra has been maintained at No. 10 by passing instruments. The stream is full. His symptoms have disappeared, and he is ready to leave for the country, but stays only to learn how to pass an instrument for himself before he is permitted to take his discharge.

28*th*. He is finally discharged, free from all his former symptoms, and passing a full stream of urine at the usual intervals of time.

Case 2. R——, aged fifty-six, admitted May 12th, 1861. Lives in London; has had stricture for twenty years, and been under repeated and long-continued treatment; but an instrument was never yet passed into the bladder. He has been in hospital two or three times for retention of urine; and for treatment of the stricture. Has now four or five fistulous openings in the perinæum on the nates, and in the scrotum, which is much inflamed, through which most of the urine passes; much of it escapes involuntarily during sleep. His local condition and his general health are exceedingly bad.

May 14. A close stricture was found five inches from the meatus. After much difficulty, a No. ½ silver catheter was introduced through the stricture and into the bladder, removing about twenty-five ounces of urine; it was not tied in.

17*th*. The same instrument re-introduced, and tied in.

18*th*. An attack of shivering and fever; instrument removed. Opium and brandy administered.

21*st*. He has quite recovered; urine passes a little better, but is, as usual, loaded with pus and mucus. No. ½ again introduced, and the bladder emptied.

23*d*. Fever and constant micturition. Hot hip-bath and aperient.

24*th*. His bowels having been opened, the same catheter was passed, and tied in. Opiates administered, and his usual amount of stimulant.

26*th*. He took his catheter out at night. In the day Mr. Thompson introduced No. 1, and tied it in.

In this manner, with several relapses, the treatment was pursued, until, in the beginning of June, a No. 9 gum catheter was reached. He had attacks of irritation and pain, with frequent micturition, after the instruments were withdrawn, rather than during the time of their sojourn in the urethra.

By the middle of June his symptoms had much improved; he retains his urine three or four hours; passes it in a good stream; a small quantity only comes through a fistulous opening; two of these have healed; his health is improving. Nos. 7 and 8 are passed every third day.

June 24. He has made excellent progress. To be discharged, and attend twice a week as an out-patient, in order to learn to pass an instrument for himself, which it is necessary to do, as his bladder never empties itself, on account, not of any existing obstruction, but of the weakened condition of its coats, from the organ having been so long distended with urine, the overplus of which only has been discharged at each act of micturition.

July 5th. He passes a No. 8 gum catheter for himself with ease. His fistulæ have healed. He has little now to complain of, and is in better health than he has been for many years.

Case 3. R——, a young man, admitted on the 8th of July last. He has been treated for stricture for many months, but no instrument has yet been passed.

July 9. The stream is exceedingly small; a stricture was found at five inches from the meatus; and an attempt to pass an instrument was unsuccessful. No. 1 catheter was the smallest employed.

11th. To-day, after some difficulty, No. ½ was passed into the bladder, and the urine drawn off. The catheter to be tied in in the usual manner.

12th. Exchanged for a gum catheter, No. 1.

14th. The former is removed, and a No. 3 gum catheter is introduced in its place.

18th. After several changes, No. 9 was used to-day, and removed. There have been no rigors nor the slightest bleeding, and not a single bad symptom of any kind has occurred throughout.

25th. He was finally discharged to-day, No. 10 having been reached, which he is now learning to pass for himself. All the symptoms have disappeared.—*Lancet*, Aug. 24, 1861.

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Severe Injury from a Fall down a chimney shaft fifty feet high; death six weeks after; pus found in gall-bladder.—Falls from a considerable height are generally quickly fatal, unless the descent be broken in such a way as to save the vital organs from injury. We have placed examples of this kind on record as opportunities have permitted, and we now publish another, the particulars of which were kindly communicated by Mr. Edwin Chisholm, one of the house-surgeons. The injuries sustained were chiefly in the lower limbs. The fall was, so far as could be ascertained, unbroken, the chief force being spent upon the feet as they came in contact with a barrow at the bottom of the shaft. A recovery was hopefully anticipated at one time. A fatal result nevertheless ensued from a large bed-sore; and the only pathological appearance noted after death was ulceration of the interior of the gall-bladder, which contained pus mixed with bile.

John S——, aged thirty, was admitted into St. Mary's Hospital, on the 22d of June, 1861, having just fallen down the shaft of a chimney fifty feet in height. Both feet struck a barrow at the bottom of the shaft, and with such force that the left tibia was fractured obliquely at its upper third; as also was the fibula a little lower down. The inferior part of the bone was split up for some inches from below upwards, but without much displacement. The integument of the heel was torn almost completely off, and was held attached by the tendo-Achillis. The os calcis was fractured through its centre, and the under surface of the astragalus was broken away. The bones of the right foot were also broken, but not so extensively, for the injuries in it were not detected until a few days after, when the swelling had subsided. The rest of the body was comparatively free from any mark of violence. When the accident occurred the patient was in a partially intoxicated state.

Under the influence of treatment the fractures united, although not in a very good position, which was owing to the restlessness of the patient, who was very frequently delirious during the remaining short period of life. Brandy was daily administered, with the effect of producing sleep and quietness after it. The wound in the foot had nearly healed, and the granulations were healthy. A very large slough formed on the lower part of the back, which extended over the entire sacrum and down to the coccyx. This was difficult to manage, and was considered to be mainly the cause of the patient's death, which took place on the 1st of August, nearly six weeks after the injuries were inflicted. Some days before death his motions and urine were passed involuntarily.

At the autopsy every viscus was found healthy; no deposit was found anywhere. The liver was fatty, but otherwise normal. A large amount of pus, with green shreds

of lymph, were found in the gall-bladder, but it did not communicate with the hepatic duct. The mucous coat was ulcerated in two places, and was on the point of perforating the peritoneal investment. No lymph was found in the peritoneum. The spine and other parts were healthy. The fracture in the left foot was ununited, but that in the leg was firmly united. The lower part of the limb, from the ankle-joint, was split upwards in various directions.

It is most probable that in this case, besides the injuries described, there was concussion both of the spine and brain, although the symptoms were not at any time well marked.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

New Rhinoplastic Operation.—Dr. E. S. Cooper states (*San Francisco Medical Press*, July, 1861), that he has "had several cases, recently, in which we practised, with entire success, the method of introducing thin arched plates of virgin silver into the soft tissues, to hold them up, when the bones of the nose had been lost. Thus far, they bid fair to succeed admirably, as there is every prospect that these plates will become encysted, in most cases, though time enough has not yet been given to test the method, in this respect. There is one advantage this plan has over that of transplantation, viz: that it entails no additional deformity, even should it fail entirely in relieving the one for which it is tried, and we believe that, in all cases, it may be rendered beneficial, where bony structure alone has been lost. We have a case under treatment now, in which a considerable part of the ossa nasi, the vomer, and a fragment of the superior maxilla were lost—so much so, that the major part of the tissues, representing the nose, rested entirely below the surrounding surface. A more disagreeable deformity of that organ could not possibly occur.

"The operation, in this case, consisted in raising the integument, which was formerly the covering of the nose, upon the blades of a small pair of forceps, dividing them, in a median line, for nearly an inch. After which, the scalpel was passed on either side, so as to separate them into two plates, to the same extent in width as the incision was long. The knife was passed under the skin for nearly two inches, on either side, for the purpose of increasing the capacity of its stretching qualities. Two arched plates of silver, shaped like the ossa nasi, three lines wide, were introduced, and the integuments brought over them, so that the nose at once assumed the natural shape of one pretty well formed, which it retains still, six weeks after the operation. This, and other cases, shall be published in detail, as soon as their ultimatum is known.

"It is quite certain that this operation will almost always be of benefit, when the bones of the nose are lost and the soft parts depressed, because should we be compelled to remove the plates, after three or four months, the parts will become so much consolidated as to retain, to a great extent, their new position. This has occurred in one case already.

"The deposit and hardening of tissues around the metal were sufficient to retain the parts elevated after its removal, and thereby to remove almost entirely the deformity. This subject shall be discussed fully, as experience enables us to speak practically of it in all its bearings. The method of operating will be described more fully when the cases are given *in extenso*."

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Varicocele.—The editors of the *Berkshire Medical Journal* (No. for Oct. 1861) state that they have lately met a number of cases of varicocele in the examination of recruits for the Federal Army, and as the statistics of this affection have not been collected, they urge upon the medical examining officers at the different stations to keep a record of their cases in order to determine this point. Of 15 men examined, 5 had varicocele, all on the left side. They were all unmarried men between 18 and 22 years of age. No constitutional or pathological cause for this affection could be discovered.

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Medical School of Maine.—Prof. J. T. Dana, has been transferred from the chair of Materia Medica to that of Theory and Practice of Medicine; and Dr. Wm. C. Robinson, of Portland, has been elected Lecturer on Materia Medica in the Medical Department of Bowdoin College, Maine.

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Medical Department of the University of Louisville.—The twenty-fifth annual ses-

sion of this institution is announced to commence on the first Monday in November and to close on the last of February. The number of graduates at the close of the last session was 44.

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Medical Department of the University of the Pacific, San Francisco, Cal.—The fourth regular course of lectures in this institution will commence on the first Monday in November and will be continued for eighteen weeks. The fee to each professor is *twenty* dollars; matriculation fee *five* dollars; graduation fee *fifty* dollars. The number of graduates at the close of the last session was *five*, and *one* received an *ad eundem* degree.

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Obituary Record.—We regret to have to record the death of the venerable Emeritus Professor of Materia Medica in Yale College, Eli Ives, M. D., which took place at New Haven on the 8th October, at the advanced age of 84 years.

FOREIGN INTELLIGENCE.

Extraordinary Case of Injury to the Head.—M. Bonnessous relates the case of a man between 30 and 40 years of age, who two years and eight months before he saw him had been attacked and wounded in several places by an assassin, one of these wounds being over the left parietal bone. During the period which had elapsed he had been under various persons' treatment, but the injury to the parietal had not been particularly examined. He suffered much in his head and had become almost idiotic. On examining the head, the author found, just above the left ear, a resisting tumour about the size of a bean, covered by healthy skin, and exhibiting traces of a delicate cicatrix. Pressure on this gave great pain, and aggravated the cerebral symptoms. Cutting into the tumour, the blade of a poniard-knife (nearly 10 centimètres long, and about 12 millimètres broad, with a back of about 3 millimètres), was extracted. A probe carried into the track whence the knife had been extracted, passed quite horizontally, so that no doubt could remain that this blade had been buried within the cerebral mass for two years and eight months. The patient went on well and recovered his mental energies—epileptiform attacks, which had followed the injury, having diminished in frequency.—*Revue Méd.*, March, p. 348.

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Regeneration of Bone.—Dr. Lamare-Piquot has communicated to the Academy of Sciences a highly interesting paper relative to a case of regeneration of bone which occurred in his practice. The patient, a boy of fourteen, met with a fearful railway accident, one of his arms being broken and one of his legs crushed under the wheel of a baggage truck. The tibia was smashed, or rather pulverized, into innumerable splinters, many of which were removed; and the fibula was in a like desperate condition. Although, from the nature of the case, a conservative course seemed to be rather hazardous than otherwise, nevertheless an attempt was made to save the leg. The limb was placed on a splint, and subjected to continued irrigation for the space of thirty-seven days, the quantity of water daily used in the process varying from twenty to twenty-five quarts. At the end of three months the few remaining shreds of periosteum began to resume their bone-making functions; and so successfully is this second crop of osseous tissue proceeding at the present moment, that ere long the entire tibia will have been replaced by new material, and the boy be able to walk without crutches.—*Lancet*, Aug. 31, 1861.

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Alum and Rhatany in Saccharine Diabetes.—M. Demeaux, in a communication to the Academy of Sciences, intended as preliminary to a more detailed statement, declares that he has treated diabetes very successfully by means of calcined alum and extract of rhatany given in equal parts.—*Gazette Méd. de Paris*, No. 31.

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Santonine.—Dr. Rose, of Berlin, has lately published some observations on Santonine, the results of a series of experiments made by him with the view of fully investigating the nature of this hitherto ill-understood drug. It had for some time been suspected of possessing actively poisonous qualities; but by subsequent examination it was ascertained that, in consequence of a most unaccountable mistake on the part of a large manufactory of chemical preparations, strychnine had been mixed with santonine in considerable proportions, and had caused the accidents previously attri-

buted to the latter drug. Dr. Rose announces that santonine is an acid, almost insoluble in water, and only slightly so in alcohol. It assumes the crystalline form, turning yellow under the solar influence, without undergoing decomposition. He has swallowed as much as a scruple without great inconvenience. Its taste is bitter and disagreeable; it has a decided action on the kidneys, less marked (as might be expected) in hot than in cold weather. The toxical effects of the drug consist in the production of an indescribable torpor, and to this cerebral *modification* Dr. Rose ascribes the green tint which patients generally complain of when undergoing a course of santonine. The *essential oil* also extracted from semen-contra is decidedly poisonous, and half a drachm thereof will kill a rabbit; it also possesses anthelmintic qualities, but in a less degree than santonine. The santonate of soda, which has been recommended, Dr. Rose does not consider to possess any advantage over santonine.—*Lancet*, Sept. 7, 1861.

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Mode of Action of Certain Poisons on the Heart.—An interesting communication was made to the Academy of Sciences at its last meeting, by MM. Dybrowski and Pelikan, relative to the mode of action of certain poisons upon the heart. The experiments were made upon frogs, and the poisons (upas antiar, tanghinia venenifera, digitalis, and green hellebore) were either administered by the mouth or inserted under the skin in various parts. The results were constantly the same: the heart's action was arrested, although the nervous irritability and voluntary muscular power of the animal persisted for a considerable time. The first effect of these poisons was in all cases the same—namely, that of paralyzing the heart whether inserted under the skin or given by the mouth. The average duration of the heart's action after the exhibition of the poison was, in the case of the upas, tanghinia, and hellebore, ten minutes; and in that of the digitaline, from ten to twenty. The action of the ventricle in the frog was invariably found to be arrested in systole; it was strongly contracted, pale, and quite empty, whilst the auricle was distended and gorged with blood. The contractions of the heart were sometimes accelerated at the commencement of the experiment, at other times they were less frequent from the beginning. The paralysis, or rather arrest of motion, in the case of the ventricle is sudden after a certain period in the diminution of the pulsations; that of the auricle is gradual and almost imperceptible—its contractions outliving those of the ventricle by some minutes. MM. Dybrowski and Pelikan have proved by experiment that these poisons exercise their deleterious influence upon the heart independently of the cerebro-spinal system, and that in those animals in which the medulla oblongata and pneumogastric nerves had been previously destroyed or divided, the toxical effects of these agents were equally manifest. They therefore consider that the action of these poisons is due to a special influence upon the nervous elements of the heart, or else upon two systems of nervous apparatus—the one presiding over the movements of the heart, the other possessing the office of regulating or diminishing these movements.

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Pus-Cells in the Air and the Aëroscope.—During an epidemic of purulent ophthalmia, which occurred at the Foundling Hospital, near Prague, Dr. Eiselt had the opportunity of proving in his own person that infection may take place in other ways than by contact. As the attending physician, he took every precaution to protect his own eyes from any contact with the matter proceeding from the children, which it was easy for him to do, inasmuch as the syringing and cleansing of their eyes was performed by the sisters of the establishment. Still, being engaged in the hospital for several hours daily, he perceived smarting and heaviness of the eyes, followed afterwards by reddening of the conjunctiva, with an œdematous state of the portion lining the eyelids, and a considerable secretion therefrom. The same symptoms were observed in all the persons who had care of the children. Some of the nurses became seriously affected from getting matter into the eyes, and others they knew not how. The inconvenience, as regards the author, was checked by the use of weak stimulant collyria.

He asks, How comes it that acute purulent ophthalmia may thus be excited without any contact, in the common sense of the word? and refers in explanation to Pouchet's recent experiments with the aëroscope as described in the *Comptes-Rendus* for 1860. Professor Purkinje constructed a similar

instrument for his use. Its principle consists in forcing a determinate quantity of the air to be examined over a glass plate smeared with glycerine, which detains the particles of dust and microscopic structures for examination. By means of this instrument (for details of the structure of which we must refer to the paper) the air was examined which existed in a ward containing thirty-three children suffering from acute purulent ophthalmia, accompanied by abundant secretion. Pus corpuscles were at once detected in the portion of air examined; and this fact the author considers supplies the rational explanation of the propagation of the disease without apparent contact with the secretion from the eyes.—*Wochenblatt*, No. 13.

[In No. 19 of the *Wochenblatt der Zeitschrift der Gesellschaft der Aerzte zu Wien*, Dr. Schneider gives an account of a new apparatus for analysis of the air, in which he employs cotton-wool in place of glycerine.]—*Medical Times and Gazette*, Sept. 14, 1861.

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Destruction of Infant Life in England.—Of the deaths in England, in 1859, no less than 184,264—two in every five of the deaths of the year—were of children under five years of age; and above half of these—105,629—had scarcely seen the light, and never saw one return of their birthday. A very large number of these early deaths are from debility and causes which prove that the children never had much chance of life, but many are suffocated, or otherwise killed, accidentally, carelessly, or worse. In the last five years, within the metropolitan district alone, at least 278 infants were murdered; above 60 were found dead in the Thames, or the canals or ponds about London, and many more than 100, at all events, were found dead under railway arches, on doorsteps, in dust-holes, cellars, and the like.—*Medical Times and Gazette*, August 24, 1861.

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Physical Training.—Among the Parliamentary Papers recently issued, are two small volumes containing some information collected by Mr. Edwin Chadwick during the recent education inquiry. Mr. Chadwick shows in these papers that the present practice of long hours of teaching is a wide cause of enervation and predisposition to disease, and induces also habits of listlessness and dawdling. The half-time system is found to give nearly, if not quite, as good education as the whole time; and common sense tells us that a boy who has acquired the same amount of knowledge in half the time of another boy must have obtained a proportionately superior habit of mental activity. It is this alertness, combined with the bodily aptitudes created by drill, that gives the comparatively stunted boys of the town a preference over the strong, robust lads from the coast. Good schoolmasters say that about three hours a day are as long as a bright voluntary attention on the part of children can be secured, and that in that period they may be really taught as much as they can receive; all beyond the profitable limit is waste.—*Ibid.*

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Changes in the London Hospitals.—The Governors of St. George's Hospital, at a special court, have decided that no physician or surgeon shall hold office beyond a period of twenty years; at the end of which time they shall become consulting physicians and surgeons. It is intended, moreover, that these consulting officers shall not be merely ornamental—they are also to be useful, and are to be *bonâ fide* called into consultations. At St. Bartholomew's, also—a hospital which has been remarkable for the longevity and tenacity of office of its medical officers—changes are taking place. A short time ago, Mr. Wormald, after having been assistant surgeon more than twenty years, gained his promotion by the retirement of Mr. Lloyd; and now a similar step has been gained by Mr. Paget, in consequence of the retirement of Mr. Stanley. The resignations of Messrs. Lloyd and Stanley have been entirely voluntary; and there can be no doubt that their desire has been to give such able men as Mr. Wormald and Mr. Paget a chance of filling the vacated posts for some time to come with credit.—*British Med. Journ.*, July 13, 1861.

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Influence of Telegraphing on Vision.—It is stated that in France some of the persons employed in reading the electric telegraph messages are beginning to suffer in their vision—the rotation of the needle producing a peculiar and damaging effect upon the retina. When the eye is in this morbid state, the vision is double, and everything appears as if seen through a mist. It is stated, that the pay of these *employés* is

very small, and that they in consequence work during extra hours.—*Ibid.*

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Antiquity of the Human Race.—Until very recently, zoologists as well as geologists were agreed that man did not exist before the Deluge. Some of the most eminent men of science even contended that, at that period, when the extinct races of elephants, hippopotami, and rhinoceros, together with tigers, leopards, and hyenas, lived in this quarter of the globe, man could not possibly have existed. Thus Cuvier, in his treatise on the revolutions of the globe, said, it was settled that fossil human bones had no existence; and it is true that those which had been at first described as of gigantic human beings, were soon recognized to be remains of mammoths and other animals. But even then the question was not so entirely settled as the great French anatomist believed it to be. It was well known, that, in ravines and excavations of rocks, which had, by some catastrophe, become inaccessible to men, and which had not been visited for ages, human bones were found, together with such of antediluvian bears, hyænas, hippopotami, buffaloes, etc., and in some places they were even enveloped and covered with stalactites. This was explained by the supposition, that human remains had only come into those caves by some accident within our period of creation, long after the animal remains had been buried in it; but this was merely an hypothesis, and could not but be open to objection.

Recent discoveries can no longer leave any doubt on the philosophical mind that man really co-existed with the great mammalia of the diluvium; and although there are still those who deny this conclusion, the most eminent men of science have become converted to this theory. That the question has at last been cleared up, is solely to be ascribed to the researches of M. Boucher, who, during his whole lifetime, has worked at the elucidation of this problem, which he studied as far back as 1805, when at Marseilles, and visiting Roland's grotto, in which he searched for fossil human bones. He soon came to the conclusion that man had existed at a much earlier period than is generally supposed; in the first instance, he thought that the tradition everywhere extant of a human race destroyed by the flood could not possibly be without foundation. In that period there existed mammalia closely related to man, which could only live under the same atmospherical conditions as he, so that the earth was certainly inhabitable for mankind. He also found traces of man wherever the remains of the larger mammalia were found, and where no fossil remains of our species could be discovered, M. Boucher believed that they had been either destroyed or overlooked.

After long study the indefatigable zeal of M. Boucher was at last rewarded. He found in certain layers of the earth a few flints, which had evidently been shaped by the human hand. Although this was, to M. Boucher's mind, a further proof of his theory, the learned world refused to accept it as such, and it was objected to him that these implements were not at all like those carefully-shaped and well-sharpened stone-hatchets which are not unfrequently found in the most ancient tombs. M. Boucher then no longer sought allies in the learned world, but amongst the working men in the stone-pits, to whom he made known his object; and in 1840 he was in possession of twenty flints evidently shaped by men, which had been found in diluvial layers. He then gained some adherents to his views, but was still, by the majority of *savans*, believed to be a monomaniac.

Even so late as 1858 the French ridiculed his ideas. The learned societies refused to examine his propositions, and when he offered to make the government a present of his collection, this offer was not accepted. At last, by a happy accident, Mr. Falconer, Vice-President of the Geological Society of London, was induced to visit Abbeville. He inspected the cabinet of antiquities collected by M. Boucher, and gave a report of it on his return to England. From that time many English geologists travelled to Abbeville and to this city, and there appeared, one after the other, Messrs. Prestwich, Evans, Godwin Austen, Flower, Mylne, Sir Roderick Murchison, and at last the leading English geologists, Sir Charles Lyell. After having carefully examined the drift, they all agreed with M. Boucher, and came to the conclusion that these flint implements were shaped by men, that they were found in virgin soil, that they were connected with the remains of an extinguished species, and that the period of them was anterior to the time when the

surface of the earth had received its present configuration. Thus M. Boucher had, as he expressed himself, gained his action in England.

In the neighbourhood of Abbeville, in the valley of the Somme, immense diluvial layers exist, which rise to more than ninety feet above the level of the river. As they are cut through by the fortifications of Abbeville, by canals and by railroads, it is not difficult to examine them. The most important point is near Menchecourt. In some of these layers millions of large flints are met with, amongst which are some evidently shaped by the human hand. These are found from fifteen to thirty-six feet below the surface. The larger of them have probably served for hewing, and M. Boucher calls them hatchets. Close to these implements river and sea-shells were found, such as now only exist in the Nile and other rivers and lakes of the torrid zone; for instance, *cyrene fluminalis* and others. Fossil bones of rhinoceros, mammooths, hippopotami, and an extinct species of oxen, which have been much larger than those of our time, have also been met with there. Near this city, where the geological formation is nearly the same as in Abbeville, the diggings have had the same result. M. Albert Gaudry, who was charged by the Parisian Academy of Sciences to search for such implements, found in a few days nine flints shaped by man, together with shells, fossil bones of large oxen, of a horse and other animals. These hatchets do not at all resemble the cuneiform hatchets which have been found in ancient tombs. They are exclusively made of flint, are of very rude workmanship, and either longitudinal and acute, or oval. M. Boucher believes that they were made by knocking off small pieces by means of hard stones, just as the primitive knives, lances and arrows of the Germans. No polishing or grinding was attempted; the hatchets were either used with the hand as they were, or they were fixed in sticks or clubs. The wood has of course not been preserved, but on the larger specimens there are pegs, to the upper extremity of which the wood was evidently fixed. Narrow blades of stone were also found, which were probably used as knives, and stones with indentations which could be employed as saws.

It was at first always objected to M. Boucher, that the flint implements just described were only found at Abbeville and Amiens, but not in other places. M. Boucher replied to this, that it was not his fault, as indeed all his endeavours to excite colleagues of his to similar researches failed, until one of your countrymen who visited Abbeville, Mr. Prestwich, recollected that at the end of the last century shaped flints had been found close to fossil remains of animals, in the village of Hoxne, in Suffolk. He therefore, immediately on his return to England, proceeded to Hoxne, where he examined the diluvium, and was informed by the working men that quite recently some flints had again been found there. He then commenced digging himself and found, about nine feet below the surface, not only bones of mammooths and oxen, but also flint hatchets which quite resembled those discovered by M. Boucher. Some months afterwards M. Goose, of Geneva, dug in the stone-pits of Grenelle, near Paris, which are quite similar to those of Abbeville; and found, at twelve to fifteen feet below the surface, two round hatchets, fifty knives and a few other pieces which had probably served as tops of lances and arrows.

It is, therefore, now impossible to doubt, that man was already in existence when the colossal mammooth, the hyæna, the tiger, and the gigantic deer lived in our latitudes. That the instruments then made by men are of very rude workmanship, is no matter of surprise, as even in later periods, hatchets were made which are only different from those mentioned above by being ground on whet-stones; besides, we must recollect, that in the torrid zone far less finished instruments are sufficient for man than in the moderate and cold climates. It is true that fossil bones of man have not yet been found; but that we may not despair of discovering such, is shown by the interesting circumstance, that quite recently a human skull was found in a limestone cave in the Neanderthal of Rhenish Prussia, which was totally unlike any other human skull ever found before. This skull has been described in Müller's *Archiv*, by Professor Schaaffhausen, of Bonn, who found it to be similar to that of the chimpanzee and gorilla; he ascertained that it belonged to the period at which the animals of the Deluge still existed, and that it was not a pathological malformation, but of a typical race character. Those of

your readers who wish for some more information on M. Boucher's discoveries, will find it in his "Antiquités Celtiques et Antediluviennes" (with eighty plates); "Essais Philosophiques sur la Création;" and especially in the *brochure*, "De l'Homme Antédiluvien et de ses Œuvres." Paris: 1860.—*Med. Times and Gaz.*, Sept. 7, 1861.

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Rapidity of Growth of Fungi.—Mr. Ward, in his work "On the Growth of Plants in Closely-Glazed Cases," says of it: "I had been struck with the published accounts of the extraordinary growth of the *phallus impudicus*. I therefore procured three or four specimens in an undeveloped state, and placed them in a small glazed case. All but one grew during my temporary absence from home. I was determined not to lose sight of the last specimen; and observing one evening that there was a small rent in the volva, indicating the approaching development of the plant, I watched it all night, and at 8 o'clock in the morning the summit of the pileus began to push through the jelly-like matter with which it was surrounded. In the course of twenty-five minutes it shot up three inches, and attained its full elevation of four inches in one hour and a-half. Marvellous are the accounts of the rapid growth of cells in the fungi; but in the above instance it cannot for a moment be imagined that there was any increase in the number of cells, but merely an elongation of the erectile tissue of the plant." The force developed by this rapid growth and increase of the cells of fungi is truly astonishing. M. Bulliard relates that on placing a fungus within a glass vessel the plant expanded so rapidly that it shivered the glass to pieces with an explosive detonation as loud as that of a pistol; while Dr. Carpenter, in his "Elements of Physiology," mentions that "in the neighbourhood of Basingstoke a paving-stone, measuring 21 inches square, and weighing 83lbs., was completely raised an inch and a-half out of its bed by a mass of toadstools of from six to seven inches in diameter, nearly the whole pavement of the town being heaved up by the same cause." Every one has heard of the portentous growth of the fungi in a gentleman's cellar, produced by the decomposing contents of a wine cask, which, being too sweet for immediate use, was allowed to stand unmolested for several years. The door in this case was blocked up and barricaded by the monstrous growth, and when forcible entrance was obtained the whole cellar was found completely filled, the cask which had caused the vegetable revel, drained of its contents, being triumphantly elevated to the roof, as it were upon the shoulders of the bacchanalian fungi.—*Macmillan's Footnotes from the Page of Nature.*—*Med. Times and Gazette*, Sept. 28, 1861.

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Death of a Quack.—M. Giraudeau de St. Gervais, the inventor of the medical *réclame* and advertisement, died a short time ago, leaving a fortune of four million francs (800,000 dollars). This individual was possessed of two *robs* for curing every syphilitic disorder, namely, the *rob Végétal Anti-syphilitique*, and the *rob Boyveau-Laffecteur*. By simultaneously advertising both, he created an apparent rivalry and antagonism between the two nostrums, and thus caused the interest of the public in them never to flag. His yearly expenses for advertisements amounted to 200,000 francs (40,000 dollars), and he had succeeded, nobody knows how, in obtaining the Greek order of the Redeemer, and the Cross of the Legion of Honour, *Requiescat in pace.*—*Ibid.*

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Obituary Record.—Died, in Dublin, on the 26th of September, James William Cusack, in the 74th year of his age. This eminent practitioner was regarded as the head of the surgeons in Ireland, and for many years occupied the most distinguished position connected with it in Dublin. His death causes many vacancies. He was a Fellow of the Royal College of Surgeons, of which he had been more than once president; he was Consulting Surgeon of Steevens' Hospital, and of Swift's Hospital, a member of the Board of Superintendence of Hospitals, and on the death of Sir Philip Crampton, he was appointed Surgeon in Ordinary to the Queen. He also occupied the position of Regius Professor of Surgery in Trinity College. Till about a fortnight ago, he continued to discharge his duties at the hospitals, and to see patients at his house. An attack of bronchitis baffled the skill of his medical attendants—the most eminent men in the city. He was regarded as one of the greatest ornaments of the medical profession in Ireland, and was held in the highest esteem by the public.

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SIMPSON, LECTURES ON THE DISEASES OF WOMEN, 16 PAGES.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Cases of Injury to the Head.—There are now in St. Bartholomew's Hospital, under the care of MR. WORMALD, several interesting cases of injury to the head. In reference to the first of which we shall speak, Mr. Wormald remarked to the students that no injury to the head, however slight, was to be considered unimportant, and that also many of the most apparently hopeless cases would terminate favourably. The subject of the first case was a man, aged about 20, who had received a blow on the left side of the anterior part of the frontal bone, detaching the skin and stripping off the periosteum. The patient was not in the least stunned by the blow, and soon after receiving the injury walked two miles to see a surgeon, thus showing that in this case there was no inter-cranial lesion. A piece of bone exfoliated, and the man had an attack of erysipelas. He has had, however, no cerebral symptoms. The wound is healing, and he feels well.

The next case was interesting in reference to several points. The patient, a woman, was 70 years of age. She fell, she says, fifteen feet, and pitched on the vertex. She was insensible, and continued more or less in a soporose condition for a fortnight. There was no depressed bone, and no bleeding from the ear. There was, however, hemiplegia, showing that some lesion had been incurred within the skull, and probably, as it was limited to one side, this lesion was at some point in or on the surface of the opposite hemisphere. There were, however, no convulsions of the affected side which so often attend on irritation of the surface of the hemisphere. There was strabismus, probably from injury of the six h nerve, as there was no ptosis to indicate

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that the third nerve was affected. The hemiplegia was on the left side; the face, arm, and leg were affected. It was not ascertained to which eye the defective motion inducing strabismus was due. There was no deafness, no discharge from the ear, and the orbicularis had not been paralyzed, so that the paralysis was not due to lesion of the trunk of the portio dura. We know that in simple disease of the brain itself inducing hemiplegia the orbicularis always escape, because the fibres of the portio dura supplying this muscle do not go so high up in the brain as the rest. In this case, then, there was probably either some disease on the surface or in the substance of the hemisphere, causing, as an apoplectic effusion would, paralysis on the opposite side. This patient, who was admitted on August 29th, is now nearly well. All that remains is a little weakness of the arm.

The next case is at the other extreme of life. A boy, four years old, fell down and bruised his head a little above the position of the frontal eminence. He was a little stunned at first, but was soon, except for the wound, about the size of a sixpence, apparently well, and continued so for about ten days, when, rather suddenly, febrile symptoms came on, followed by insensibility and convulsions. The convulsions, in this case, were limited to the left side of the body, being as usual the one opposite the injury. The convulsive attacks came on many times in the day for two or three days, and each paroxysm lasted about half an hour. Mr. Wormald ordered calomel to be given three times a day. Under the use of this he rapidly improved. It was then discontinued, and he again relapsed, becoming again convulsed on the same side and in the same manner. On resuming the calomel, these symptoms again subsided. The child has now only a little, or scarcely any, weakness of the left arm. There is no distortion of the mouth.—*Medical Times and Gazette*, November 2, 1861.

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Fractured Bones.—During the past year there have been admitted into his wards, at St. Bartholomew's Hospital, according to Mr. Skey (*Lancet*, Sept. 28), 321 cases of *fractures* in general—of which 19 were compound. The single week at Christmas last produced no less than 47 cases. Three cases of compound fracture appeared to demand amputation. In several others the injury was great: some to muscles, while in some the bone was greatly comminuted. In four or five, hemorrhage followed either primarily or secondarily. Mr. S. quotes one case of some interest, arising from the great extent of the injury, which was far greater than would twenty years since have warranted the decision arrived at:—

"A man, aged forty-six, was admitted in December last with extensive laceration of muscles and integuments of the lower end of the right forearm and comminuted fracture of both bones, caused by machinery. The question of amputation was one of difficulty, arising from the extent and complication of the injury. I confess I was influenced by the fact that the man was the father of a large family, and that the loss of his right arm would be fatal to his occupation. He was a healthy man, of abstemious habits; and, moreover, I entertain a strong impression that the amputation of a limb—certainly of a forearm—may be undertaken with equal, if not greater, safety at the expiration of a few days as at the date of the accident. We have yet something to learn on the subject of 'primary amputation.' The forearm was 'put up.' Slight hemorrhage from the radial artery occurred on the seventh day, and profuse on the ninth, when the artery was tied. The man was greatly reduced by the loss of blood, his vital powers being sustained for several days by brandy, in half-ounce doses, frequently repeated; the quantity determined by the pulse. The man was discharged in the twelfth week from the date of his admission, with a limb sufficiently restored to its natural functions for the resumption of his pursuits as a printer.

"In weighing the question of amputation of a limb for serious injuries, there is something beyond the amount of damage done to be taken into our calculation of the probable future. I allude to the subject of constitutional health, whether primarily, or determined by the habits or occupation of the individual. These are questions not readily determined on early inquiry, and some days may elapse before the real power of the individual to avert or contend against disease is ascertained by the surgeon. The vital powers may suddenly fail at the time they are most required. I lost two cases of compound fracture of the leg, in which the extent of injury was far less in degree than several others which ultimately recovered.

It may be said, I should have done well had I at once amputated these limbs. The result proving fatal, doubtless the operation of immediate amputation would have presented an alternative, possibly a more favourable one; but this *ex post facto* reasoning is of little value when placed by the side of general principles, which proclaim aloud the paramount duty of the surgeon to save, and not to destroy.

"Simple fractures of the leg I have treated commonly by means of the application of a large pillow whenever the displacement has been moderate. When great, or the fracture very oblique, with a tendency to retraction, I have resorted to the cradle with side splints, a positive objection to which is the liability to protracted ulcerations of the heel. Of fractures of the leg of the more ordinary kind, some 35 cases have recovered thoroughly well by the application of the pillow, which is an efficient and by far the most comfortable agent I know in the treatment of this injury. A well-made flock pillow will answer this purpose well. It should be of length sufficient to reach above the knee, and extend some inches below the foot. When bound on to the leg by means of four or five straps with buckles, which are drawn very tight, the pressure, as is well known, is diffused over the entire surface of the leg, and it is unproductive of pain or of such an amount of discomfort as to prevent sleep on the first night following its application."

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Constipation from Supposed Obstruction of the Bowel: Importance of Examination Per Anum.—The following case is instructive, as showing the necessity of examination per rectum, even when the obstruction of the bowel is supposed to be higher up.

Luigi B——, aged nine years, was admitted on the 25th of July last, with obstruction of the bowels of five days' duration. He had had a similar attack six weeks before, which was successfully treated in this hospital. On the present occasion percussion showed that the entire colon was filled, except its lower portion on the left side, and the supposition was that there might be an obstruction near the sigmoid flexure. Various aperients and enemata were administered without any effect. On the 29th there was a very slight motion. Some sickness was present, and vomiting of matter which possessed a slightly feculent odour. A drachm of the sulphate of magnesia was ordered every two hours, with the view of softening the motions.

At Dr. Farre's request, Mr. Smith (Mr. Skey's house-surgeon) made an examination of the rectum, and it was found regularly impacted with solid hard lumps of feculent material. These Mr. Smith removed with some difficulty, the spontaneous evacuation of two large vesselsful quickly following. From this time the patient progressed favourably, and, under the influence of infusion of gentian, rapidly recovered his health and strength, and left the hospital.

Although this case is one of a simple nature and by no means uncommon in practice, it might have proved serious had the rectum been overlooked.—*Lancet*, September 14, 1861.

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New Operation for the Radical Cure of Umbilical Hernia.—A large proportion of the infants who have exomphalos get well without any necessity for further surgical assistance than may be implied in an abdominal bandage and pad. But there are some in whom the protrusion increases in size, who are very much troubled with colicky pains and flatulence, which prevent them wearing an effective belt, and whose chance of recovery under ordinary circumstances seems very small. Mr. Barwell has for some time past performed in these cases a simple and very successful operation, which, before attempting it on the human subject, he had tried on a retriever pup with good result. The following is an account of one of Mr. Barwell's cases:—

Sarah T—— brought a male child, aged thirteen months, to Mr. Barwell, at the Charing-cross Hospital, stating that a lump, which she was told was a rupture, kept getting larger; that the child was ill, seemed always in pain, was very fretful, did not feed properly, and got constantly thinner; and that, as she was going with her husband to Australia in about three weeks, she was desirous that something should be done if possible.

On examination, a hernia as large as a bantam's egg was found, and when it was returned the opening readily admitted the finger. Mr. Barwell's proposal of an operation was accepted. Chloroform was administered, and the following performed:—

The hernia having been returned, and a careful examination showing that absolutely

no abdominal protrusion remained, an assistant held his finger over the opening. The skin of the navel and surrounding part being pinched into a transverse fold, a bistoury was thrust through, so as to make a longitudinal incision over or even into the sac, which was then freely opened, the tough remains of the umbilical vein turned upwards, and the ring exposed. There was now some little difficulty in keeping the bowel back, and yet allowing sufficient room for the further steps; but the spoon end of an ordinary grooved director was passed through the navel, and then held against the inner part of the opening—*i. e.*, against the inside of the belly, stopping the hole internally instead of externally. Three silver sutures were then placed across the gap, the precaution being taken to seize each edge with forceps, and turn it forward so as absolutely to see the point of the needle safely beyond all chance of wounding the bowel. When the sutures were all placed, but not fastened, the director was withdrawn, the wires were twisted, and the opening was seen to be satisfactorily closed. The external wound was also secured with silver sutures.

February 16th. The child has been seen since the operation, and everything is progressing favourably; is less fretful, and feeds better.

March 2d. The external wound has healed soundly. The wires appear to cause no irritation, there being beneath the skin of the navel a hard but small fibrinous thickening, which covered them. The woman was going in two days to take the child with her to Australia.—*Lancet*, Nov. 2, 1861.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Alleged Deaths from Sulphuric Ether.—The committee appointed in February last by the Boston Society for Medical Improvement "to investigate the alleged deaths from sulphuric ether," have published (*Boston Med. and Surg. Journal*, October 24, 1861) the result of their labours. They have collected the particulars of forty-one cases of alleged death from the inhalation of sulphuric ether, and in the opinion of the committee not one is fairly attributable to that agent; and hence they conclude that sulphuric ether is the safest anæsthetic at present known.

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Poisoning by Aconite Successfully Treated by Nux Vomica.—Dr D. D. Hanson relates (*Boston Med and Surg. Journal*, September 26, 1861) a case of poisoning in a coloured boy, five years of age, by aconite, successfully treated by tincture of nux vomica. Dr. H. expresses the conviction that nux vomica is a complete antidote to aconite, and conversely that aconite is equally an antidote to nux vomica.

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Medical Jurisprudence in its application to the Practice of Medicine, Surgery, and Midwifery, in the United States.—Dr. Stephen Smith, Professor of Surgery in Bellevue Hospital Medical College, who has been collecting materials for a work on this subject for upwards of ten years, is now engaged in preparing the results of his labours in the form of a systematic treatise, and solicits the co operation of the profession in obtaining reports of trials of alleged mal-practice and the most recent judicial decisions.

—

Dr. Sims.—Our skilful countryman Dr. Sims, we learn, is now in Paris. The Paris correspondent of the *Lancet*, under date of Oct. 22, writes that "a friend who saw him *à l'œuvre* yesterday tells me that his dexterity is surprising. The operation in question was attended by MM. Ricord, Velpeau, Nélaton, and Jobert, all of whom were in admiration."

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Professor Gross's System of Surgery.—We learn with pleasure that this work is now being translated into Dutch, and that it is to be shortly published in Holland.

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North American Medico-Chirurgical Review.—The November number for the present year of this journal contains the valedictory of the editor. Unhappily this publication, like so many kindred enterprises, has been compelled to succumb to the pressure of the times.

FOREIGN INTELLIGENCE.

Hemiplegia and Phthisis.—This kind of paralysis has been now and then observed in cases of phthisis, tubercular deposit in the brain being then suspected. A very

striking case of this kind has been published by M. Colin in the *Gazette Hebdomadaire* of the 30th ult. The subject was a young soldier, aged twenty-three, who up to the month of March, 1861, had enjoyed apparent good health. He had now dyspnœa and cough, slight dulness on percussion, with some rough breathing, being observed on the left apex. Almost constant headache was complained of, and the patient was greatly excited during the severe fits of pain, screaming aloud while the paroxysms lasted. On March 24th delirium supervened, and the headache was worse than ever. The next day vision became imperfect, and on the 26th facial paralysis set in on the right side. On the 28th there was complete amaurosis, and on the 30th the paralysis extended to the whole of the right side of the body. Death occured on April 1st. On a post-mortem examination being made, a vomica which might have lodged a walnut was found in the right apex. In the brain, a few granulations were observed on the internal origin of the fissure of Sylvius. In the inferior angle of the torcular Herophili several tubercles were found, of a yellow colour, varying in size from four lines to an inch in diameter. There were altogether six tubercles sunk in the pulp of the cerebellum, and a seventh placed on the surface of the cerebellar substance. The volume of the mass of tubercles was about a third of the size of one of the lobes of the cerebellum.

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Regeneration of Bone.—M Maisonneuve has recently laid before the French Academy of Sciences six new cases of the sub-periostic section of bones. The first was that of a young woman of twenty-two, attacked with mortification of the diaphysis of the tibia. The piece of bone extracted was twenty eight centimètres (nearly a foot) in length; the periosteum was preserved. The operation was effected on the 3d of July last, and the 15th of September the patient left the hospital with her leg as strong as before. The second case was that of a girl of sixteen, who, for the last eighteen months, had been suffering from a caries of the fifth metacarpian, and who, on the advice of the schoolmaster of her village, had come to Paris, from the Department of the Ardennes, to have a new bone put in (such was her own expression). The diseased bone was extirpated, the periosteum being preserved as usual, and after twenty eight days the patient went away perfectly cured, the bone having been completely reproduced within that short period. The other cases were of the same nature as the preceding ones. Dr. Demarquay also read a paper on the same subject. One of his cases was that of a young man of eighteen, who had a part of the humerus mortified, which had to be extracted by penetrating through the periosteum and a layer of newly-formed bone. The other case was more remarkable still, considering the depth of flesh to be traversed in order to reach the thigh-bone. Dr. Demarquay succeeded in making an incision twenty centimetres in length, penetrating through a layer of newly-formed bone, and extracting a piece of mortified bone eleven centimètres in length. The patient was presented to the Academy in a perfect state of recovery, only for the present walking with a stick; before, his leg was bent backwards on the thigh, but it has since stretched out again to its natural position.—*Medical Times and Gazette*, Nov. 2, 1861.

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Spontaneous Cure of Opacities of the Lens.—At a recent meeting of the Vienna College of Physicians, Professor Jaeger introduced two patients, one of whom suffered from an opacity of the cortical substance of the lens, which instead of spreading further, had remained stationary for a long time; in the second patient the opacity, after having existed for two years, had decreased in extent, and at last entirely disappeared, it having undergone spontaneous retrogressive metamorphosis. This spontaneous cure of cataract occurs especially in young persons, where the general metamorphosis of matter is rapid, and where the opacity is superficial and confined to the cortical substance; while the affection becomes stationary mostly in partial opacities, in congenital cataract, and in traumatic inflammation of the choroidea. In senile cataract, and in cases where the opacity is extensive, a retrogressive metamorphosis can scarcely be expected, and a medical treatment can promote the absorption of cataract in such cases only where we can remove the causes of the complaint, which is only possible in an exceedingly limited number of cases.—*Medical Times and Gazette*, Sept. 14, 1861.

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Cataract Operations.—Dr. Rivaud-Landrau, of Lyons, publishes, in *L'Union*

Médicale of the 1st inst., very valuable statistics respecting 2317 cataract operations (extraction, couching, and tearing) performed by himself during twenty years. The author enters into many details which will prove extremely useful as a basis for ophthalmological conclusions. Of the main results, we may state that, out of the 2317 operations by the three methods, 1921 were completely successful; 141 partially so; and 255 were failures. Out of the latter, however, the operation was tried again, and proved successful in 19 cases. As to the method of operating, the author finds that, by comparing the successful operations with the failures, the latter give nine per cent. for extraction, and thirty-nine per cent. for couching. Dr. Rivaud has, therefore, almost given up couching, except in peculiar cases. Tearing failed only in five per cent. of the cases; but is only applicable in congenital or soft cataracts.—*Ibid.*

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Treatment of Ozæna.—M. Trousseau recommends the following powder, to be blown into the nostrils in cases of ozæna: Calomel gr. xviii; red oxide of mercury gr. ix; powdered candied sugar ℥ss. A little of this should be blown in in children, or inspired by adults, six or seven times a day, after the nostrils have been cleansed of mucus by injections. The patient should take care not to swallow any of the mucus mixed with the powder that may escape into the fauces. M. Trousseau also uses the following injection: Bichloride of mercury ℥iss; rectified spirits ℥ij, gr. xv; distilled water ℥xiv. Half a teaspoonful of this is injected twice a day, mixed in a glass of warm water. The quantity of the mercurial may be increased.—*British Medical Journal*, September 7, 1861, from *Rev. de Thérap.*, June 15.

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Laryngitis: Death under Chloroform administered prior to and during Tracheotomy. By J. G. Davey.—The patient was a little boy, aged 7 years, the son of a clergyman living at Thornbury. I saw him, for the first time, with Mr. Salmon, Surgeon, of that place, last Monday fortnight, about 3 A. M. At this time the symptoms of laryngitis were urgent; but he was said to be better than he had been. The respiration was much oppressed, and of that peculiar crowing character which belongs to the disease; the voice was husky and croaking, and very faint, reduced frequently to a mere whisper. There was occasional cough. On looking into the throat, the fauces and tonsils were seen of a bright scarlet colour. The pulse was hurried, about 120; the countenance anxious; and the vital powers seemed oppressed. Hot baths, counterirritation, calomel, with emetics, were the means of treatment adopted by Mr. Salmon. I advised the inhalation of hot-water vapour, the solution of nitrate of silver as a topical application, and an additional emetic of ipecacuanha wine. Wine and water, milk, beef-tea, and such like, were directed to be given in small quantities, and according to circumstances.

I met Mr. Salmon again, with Mr. Long and Mr. Gill, about 10 P. M. of the same day (Monday). It was our unanimous opinion that the little boy was not only much worse, but in the most extreme danger; and that tracheotomy offered but a slight chance of relief. After some unavoidable delay, the operation was performed. Mr. Salmon was not very well, and he therefore asked me to operate for him: this I did. In addition to the assistance of Mr. Salmon, I had that of Mr. Long and Mr. Gill. The two last named gentlemen managed the administration of the chloroform. I need not add, that the chloroform was used in the most careful manner—*i. e.*, diluted, as far as practicable, with the atmospheric air, and allowed to be inhaled very slowly. No time was lost in the several steps of the operation; the trachea was quickly opened, and the tube duly inserted. The rapid up-and-down movement (*i. e.*, spasm) of the glottis, larynx, etc.—and which formed a particular feature in the case—was relieved by the inhalation of the chloroform; so that there was no kind of difficulty in fixing the trachea and incising it. However, the tube was scarcely within the trachea ere our patient gasped and died. Artificial respiration was directly commenced, and continued for about twenty-five minutes. Cold water was dashed on the face, and neck, and chest; and stimulants were externally applied; but with no effect.

Forty-eight hours after death, an examination of the body was made by Messrs. Long and Gill of Thornbury; and I am afforded the opportunity of presenting for your inspection the diseased parts. You

will observe that the mucous lining of the larynx is greatly changed from its normal state; that there is much infiltration into the tissues affected; and that these present signs of a general "engorgement," with marks of ulceration. The lymph so abundantly effused has taken on a puriform character—a good evidence of the acute nature of the affection. The epiglottis, too, is thickened and erect. The piece of quill occupies the site of the incision into the upper part of the trachea.

Such, then, are the simple facts of an unlucky case. I suppose it must be conceded that the *proximate* cause of death was chloroform; but, no doubt, the antecedents—the pathological antecedents—of our little patient had very much more to do with the sad and fatal termination recorded.

Before I sit down, I would invite your attention to this small instrument. It is just possible it may be unknown to some few gentlemen present. The *tracheotome*, invented by, I believe, the late Dr. M. Hall, is an excellent substitute for the ordinary scalpel, etc. With this very ingenious contrivance, the performance of tracheotomy is indeed a very simple affair.—*Ibid.*

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Mortality among Infants in France.—At a recent meeting of the Academy of Sciences, Dr Bouchut presented a statistical account of the mortality of children within a period of twenty years—viz.: from 1839 to 1859, taken from the registration of the Administration of Public Assistance. One of his tables comprises 48,525 children deposited at the Foundling Hospital; another table comprises 24,169 children sent to nurse by the Administration. The principal results at which our author arrives are as follows: 1. Mortality among children in France amounts to one-sixth during the first year of life, while formerly it was one-fourth. 2. Within the same period the mortality among males, taken alone, is one-fifth; among females, one-sixth. 3. Mortality is greater among the children of the poor than among those of the rich. 4. Cold weather increases the mortality of newly born infants; and in winter children cannot without danger be taken either to the mairie or the church. 5. Among foundlings the mortality is 11 per cent. during the first ten days of life, and 55 per cent. within the first year. 6. Dry-nursing, or bringing up by hand, greatly increases the chances of death among foundlings. 7. The mortality among children of the middle classes sent out to nurse is 29 per cent. within the first year. 8. Within that period mortality is greater in the thirteen departments which lie around Paris than in any other department in France, and this is probably owing to the greater number of foundlings they contain, to the want of necessary care by the nurses who receive the children, and to the influence of the endemical or epidemical disorders that prevail in the capital.—*Medical Times and Gazette*, November 2, 1861.

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Hygiene taught in French Military Schools.—Regular lectures on hygiene have lately been delivered at the St. Cyr School, in France, where young gentlemen are trained for commissions in the army. This innovation may have very beneficial results in initiating military officers into the principles of hygiene, which may, by them, be applied for the advantage of their men.—*Lancet*, Oct. 12, 1861.

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Ventilation of School Rooms.—"It is most lamentable," writes Dr. Laycock, "to see the overcrowding in preparatory schools for young children, usually held in what are or have been private houses, and in which the air-supply is wholly insufficient for even maintaining health at all. If schoolmasters were thoroughly imbued with the simple but fundamental truth, that more oxygen is necessary for the brain in action than in repose, they would never rest until they had secured for themselves and their charge at least as ample a supply of air in the class-rooms, as is thought necessary for the sleeping-rooms of paupers and prisoners."—*British Med. Journ.*, Sept. 21, 1861.

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Ventilation.—M. Tardieu, speaking of the ventilation of the Hôpital Lariboisière, by means of which 130 cubic metres of air are distributed to each patient per hour, and which has cost so large a sum of money, observed that this superb ventilation, joined with the other excellent hygienic conditions of the hospital, has not protected it from the invasion of infectious diseases, erysipelas, purulent diseases, puerperal fevers, etc., which decimate the other hospitals of Paris.—*British Med. Journal*, August 10, 1861.

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Epidemic Erysipelas.—This disease is now raging in the Paris Hospitals, and

several medical men and students have fallen victims to it. The *Gazette des Hôpitaux* states that in M. Voillemier's wards alone, at Lariboisière, a sister of charity and two students, both the latter *externes*, have died in a few days.

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Trinity College, Dublin.—Dr. Robert Adams has been elected to the University Professorship of Surgery in this college, recently become vacant by the death of Dr. Cusack.

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Medical Students in the Prussian Universities, in the Winter Session of 1860-61.—The number amounted to 825, viz: 721 Prussians and 104 foreigners. The 825 were distributed over the different universities as follows: Greisswald, 136; Halle, 53; Breslau, 114; Königsberg, 102; Berlin, 311 (240 Prussians and 71 foreigners); Bonn, 109.—*Med. Times and Gaz.*, Nov. 2, 1861.

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Medical Students in London.—It is stated (*Lancet*, Oct. 26) that 1116 students have registered this session as pursuing their studies at the twelve metropolitan schools, against 1228 last year, showing a decrease of 112. The number of new entries amounts to 344, against 483 of last year, exhibiting a decrease of 139.

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Guy's Hospital.—Mr. France has resigned the office of ophthalmic surgeon to this institution.

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The Dublin Journal of Medical Science.—Dr. George Kidd, of Dublin, has become Editor of the Dublin Quarterly Medical Journal, in place of Dr. Neligan, who has carried it on for twelve years.—*British Med Journ.*, Sept. 14, 1861.

Cholera in India.—The Indian journals received by the last mail, bring intelligence of fearful havoc in the ranks of our soldiers in India, by that terrible scourge, cholera. The *Mofussilite*, referring to the Meerut station says: "Old and well remembered faces are momentarily passing from us. Those whom a few hours ago we met in familiar conversation are now no more. To convince any one that the cholera is prevalent, it is only necessary for them to attend at the burial-ground before daybreak and at sunset daily. Within the last few days, several of the Europeans in this and the surrounding stations have succumbed to it."—*British Med. Journ.*, Sept. 14, 1861.

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Aërated Bread.—"When Dr. Dauglish's aërated bread," says the *Medical Times and Gazette*, November 2, 1861, "was first introduced to us, two or three years ago, we all welcomed it as an agreeable variety at the breakfast-table, and we regretted its disappearance. We shall be glad to hear that it is again brought into the market, although we must protest against some of the statements which have been published by too partial friends, both in favour of it, and in depreciation of the bread furnished by the regular baker. Science is very apt to be blinded when there is a commercial element involved. It is confessed by the advocates of the aërated bread, that a very small quantity of organic matter in the water employed, sets a peculiar fermentation going, and gives a musty taste to the bread. It is further alleged that the flavour of musty and inferior flour cannot be hidden by the aërating process, as it can by fermentation; and these are serious reasons in favour of fermenting the poor man's loaf, inasmuch as absolutely pure water and the best flour are not always accessible. Moreover, it is alleged that from three to six per cent. of flour is spoiled in the common fermentation—a statement which requires confirmation. It is said, further, that the branny portions of the flour can be further utilized by the aërating process, whereas civilized man, by a universal instinct, chooses the whitest and most nutritious parts of the flour, and leaves the bran (spite of the nitrogenous composition of the cerealin which it contains) to animals with more capacious bowels and smaller brains. We shall be glad to see any improvement in bread-making; but after all, it is of no use to argue about it; the stomach will decide the question; and we would remind speculators, that *à-priori* arguments in favour of food are often set aside by the stomach, which is an organ with an obstinate predilection for the empirical philosophy."

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New Sydenham Society.—The third annual general meeting of the members of the New Sydenham Society was held at Canterbury, on Thursday, July 25th; Dr. Humphry, Vice-President, in the chair. The report and balance-sheet were read. The report showed that since the last

annual meeting the number of members had steadily increased, and the demand for the works already published by the society had been such, that the whole of the second edition of those for 1859 (making a total of 3500) was exhausted. The society now numbers 3500 members; should the society reach 4000 members, it was calculated that, in addition to an Annual Fasciculus of the Atlas and the Year-book, three other printed volumes may be supplied for a single subscription. With regard to the Year-book, the council had the satisfaction of knowing that the general plan of their first volume had met the approbation of those for whose use the work is designed. Well aware that the attainment of anything like completeness is not to be hoped for, the council still confidently trusted that, should the society approve of its continuance, each recurring Year-book will be found to be an improvement on its predecessors. A considerable surplus of £1255 appeared in the balance sheet as remaining in the treasurer's hands at the date of the audit. Of this sum more than £900 was then due, and had since been paid for the printing, etc., of the first Fasciculus of the Atlas, leaving about £400 available for the current year. With this surplus the council trusted to be able, in addition to a second Fasciculus, to afford four volumes. During the year, the sum of £326 had been received from the treasurer of the former Sydenham Society, being the residuary amount remaining in his hands after the winding-up of its affairs.—*British Med. Journ.*, Aug. 17, 1861.

[Dr. Richard J. Dunglison, 121 South Tenth Street, Philadelphia, is one of the Hon. Local Secretaries, who will receive the annual subscription (five dollars and a quarter, payable in advance), and distribute the works published. The duty and expenses on the volumes amount to about one dollar *per annum*, which must also be paid by the subscriber.]

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Premiums for Infanticide.—Attention is called, in a recent number of the *Lancet* (Sept. 28th), to the injurious operation of Burial Societies upon the life-rates of the infantile population in England. Some years since the evil from this source became so glaring as to lead to the enactment of laws with a view to check it; but it seems that the legislative restrictions which followed the public scandal caused by the many murders obviously due to the excited cupidity of parents who had entered their children in a number of burial clubs, have not been sufficient to check the evil. It exists now in a very palpable and horrible degree. A recent report of the Registrar of Friendly Societies in England furnishes some materials by which we can estimate its extent. Not only does it appear from the returns at his command, that in a healthy town, such as Preston, remarkable for the health and longevity of its inhabitants, four times as many children in the hundred die in the burial clubs as in the poor hovels of Dorsetshire labourers; but the mortality of children insured in the burial clubs of that town is considerably greater than that of those uninsured. According to the official figures, 18 in 100 children of the upper class annually die in Preston before attaining the age of five years; in the middle class, 36 or 37 per cent. In this same healthy district, while infants of labouring men outside the clubs die at the rate of 36 in the 100 before reaching five years, children of the same age who are insured in the burial clubs die at the rate of from 62 to 64 per cent.

This serious revelation well supports many other facts known to sanitarians, tending to prove that the causes which hasten the decline of infantile life and give rise to the present excessive and opprobrious mortality amongst children are not purely hygienic and physical, but are of a moral and political character, concerning the statesman not less than the physician. The fact of any number of children of the poor being entered in a burial club insures a terrible increase in the proportion of deaths amongst them. There is no charge of direct and individual infanticide substantiated by this statement; but it would appear that from the moment the death of a child is systematically contemplated and provided for, it is likely to be neglected or less anxiously watched, and its chances of life are diminished.

The only remedy for this evil seems to be the abolition of burial clubs.

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Clerical Quackery.—The "*Siècle*" has the following: "We often allude to the encroachments of the clergy upon the domains of medicine; and *L'Union Médi-*

cale points out a fresh instance in its last number of this growing tendency to transform parish priests into physicians by means of little pamphlets containing infallible remedies for all sorts of maladies—such as hernias, palpitations of the heart, aneurism, erysipelas, complaints in the chest, hydrophobia, sprains, &c., and *even maladies peculiar to the other sex.*" A remedy for jaundice, discovered by a certain Abbé P——, is as follows (the Abbé writes to a patient no doubt): "I can communicate to you a remedy I have employed against jaundice with the greatest success. I have already tried it on one of my sisters. Her skin was as yellow as an orange, so I took a live eel, placed it round her throat like a necklace, and then stitched the animal's head and tail together. In twenty-four hours the eel had sucked out all the humours, and become quite yellow, and the cure was complete." "We might," adds the *Siècle*, "quote two hundred receipts of the same value—(N. B. This journal kindly abstains from so doing)—all prescribed by ecclesiastics, who certify that they have employed them with success."

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Obituary Record.—Died in Dublin, on the 14th of October, William Tagert, F. R. C. S. I.; the cotemporary and fellow-student of Cusack, Marsh, Porter, Harrison and Montgomery, after a protracted illness, in the 68th year of his age. As an hospital surgeon and lecturer, positions which he filled for a number of years, with the greatest success, Mr. T. did much to elevate Irish surgery.

——recently at Val-de-Grace, Paris, at the early age of 46, Gaspard Leonard Scrive, Chief Inspector of the French Army. M. Scrive was Surgeon-in-Chief of the French Army during the Crimean War, of which campaign he has published an interesting surgical history. He possessed great administrative abilities combined with a comprehensive knowledge of the practical duties of his profession and great dexterity in the performance of surgical operations.

NOTICE TO SUBSCRIBERS.

The Library Department of the "Medical News" for 1862 will be occupied by the continuation of Professor Simpson's valuable "Clinical Lectures on the Diseases of Women," which have thus far given so much satisfaction to subscribers.

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The interruption of communication with the Southern States, and the general preoccupation incident to a time of war, must of course diminish to some extent the circulation of these periodicals. Subscribers can, however, rely that the editor and publishers will in no degree relax their efforts to render their journals more worthy of the support of the profession. The career of the "Journal" for over forty years, and of the "News" for nearly twenty, is a guarantee that no pains will be spared to maintain their character as faithful chroniclers of medical progress, useful, if not indispensable, to every practitioner.

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